

# Clinician Educator Development Program Application

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Name \*

First Last

Email \*

Institute /Affiliation

Work Address

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

Country

Provide the name and email address of the individual who is nominating you. \*

All of the following criteria are required. Please check the boxes to verify that you have met these requirements. \*

- M.D., D.O. or equivalent degree from an accredited institution.
- Completion of radiology residency or fellowship.
- Certification by American Board of Radiology or equivalent.
- Faculty appointment as a lecturer, instructor, assistant professor, or equivalent at an academic institution or teaching hospital.

Current Position \*

Subspecialty \*

Are you a member of the American Roentgen Ray Society (ARRS)? A current ARRS membership is required at the time of submission. \*

- Yes
- No

Fellowship: In what year and at what institution did you complete your fellowship? \*

Residency: In what year and at what institution did you complete your residency? \*

Please list the degree(s) that you hold and the accredited institution(s) at which they were earned. For instance, M.D. or DO \*

In 500 words or less, indicate how this program will help you meet your goals as a clinician educator. \*

In 500 words or less, indicate your current teaching activities. \*

Indicate any other relevant experience, skills, and/or courses.


Upload your recommendation letter (required). \*

No file chosen

Upload your CV (required). \*

No file chosen

Type the characters from the image below. \*



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