

A Department of The University of Texas Medical School at Houston

Diagnostic & Interventional Imaging

[UTHSC-H](#) [People Directory](#) [Webmail](#) [Calendar](#) [A-Z](#)

Search

Web

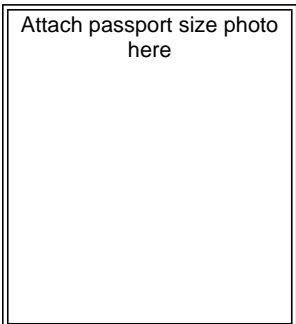
Go

[Home](#) | [Chair's Message](#) | [Administrative Support](#) | [Program Information & Applications](#) | [Departments](#) | [Accolades](#) | [Contact Us](#)

PET FELLOWSHIP PROGRAM APPLICATION

[PLEASE TYPE]

Attach passport size photo here



Beginning (date): _____

NAME: _____

PRESENT ADDRESS:

PERMANENT ADDRESS:

TELEPHONE /BEEPER: (work) _____ (home) _____

DATE OF BIRTH: _____

UNDERGRADUATE EDUCATION:

School(s) Dates Degree

GRADUATE EDUCATION:

School(s) Dates Degree

MEDICAL EDUCATION:

School(s) Dates Degree

POSTGRADUATE MEDICAL TRAINING:

Hospital/Location Type Dates

Honors and Awards: _____

BOARD CERTIFIED: _____ Date: _____

LICENSURE: _____

PERSONAL DATA:

Place of Birth: _____ Citizenship: _____

IF NOT U.S. CITIZEN OR PERMANENT RESIDENT, WHAT TYPE VISA DO YOU HAVE?

MILITARY SERVICE OBLIGATION: _____

MARITAL STATUS: _____ DEPENDENTS: (list) _____

REQUIRED SUPPORTING MATERIAL:

1. American Board of Radiology or Nuclear Medicine certification
2. Personal Statement
3. One Letter of Recommendation from your Residency Director

SEND COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

**Catherine Yarborough
The University of Texas-Houston Medical School
Department of Radiology
6431 Fannin Suite 2.100
Houston, Texas 77030**