

PET MINI FELLOWSHIP PROGRAM APPLICATION

Attach passport size photo here

BEGINNING (DATE): _____

NAME: _____

PRESENT ADDRESS:

TELEPHONE: _____

DATE OF BIRTH: _____

UNDERGRADUATE EDUCATION:
School(s) Dates Degree

GRADUATE EDUCATION:
School(s) Dates Degree

MEDICAL EDUCATION:
School(s) Dates Degree

POSTGRADUATE MEDICAL TRAINING:

CURRENT WORKING PLACE:

BOARD CERTIFIED: _____ Date: _____

LICENSURE: _____

Send completed application and supporting documents to:
Verlincia Williams
Tel: 713-704-4649
The University of Texas-Houston Medical School
Department of Diagnostic and Interventional Imaging
6431 Fannin Suite 2.130
Houston, Texas 77030