



**Premedical Education\*:**  
(School) (Dates) (Degree)

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**Medical Education\*:**  
(School) (Dates) (Degree)

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**Honorary Societies\*:**

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**Internship served\*:**  
(Hospital-City, State) (Dates) (Degree)

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**Residency training\*:**  
(Hospital-City, State) (Dates) (Degree)

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**Special training not already listed (assistantships, practice, etc.):**

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**Licensed to practice medicine in the following states:**

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**Service in the Armed Forces:**

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**Hobbies/Interests Outside Medicine:**

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**United States Medical Licensing Examination Scores: (required)**

Pt I \_\_\_\_\_ Pt II \_\_\_\_\_ Pt III \_\_\_\_\_

**Please list the components of the ABR licensing examination passed:**

Physics: \_\_\_\_\_ Date: \_\_\_\_\_

ABR Written Exam: \_\_\_\_\_ Date: \_\_\_\_\_

ABR Oral Exam: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduates of foreign medical schools must have passed the American Medical Qualification Examination prepared by the Educational Council for Foreign Medical Graduates (ECFMG) and be eligible for a Colorado Medical License before applying for a fellowship in MSK Imaging at the University of Colorado Health Sciences Center. \*\*Please enclose a copy of this certificate with your application.**

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**SIGNATURE**

**DATE**

A curriculum vitae must also be attached but not substituted for information requested on this application.

Please send a photo, CV, personal statement, copy of USMLE scores, copy of medical school diploma, intern year certificate, and three letters of recommendation along with your application to:

**E-MAIL APPLICATION MATERIALS TO:** [Jean.Tilley@CUanschutz.edu](mailto:Jean.Tilley@CUanschutz.edu)

**Jean Tilley, Fellowship Coordinator**  
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