**Application for Fellowship**

**Department of Radiology**

**School of Medicine**

**University of California, Davis**

Fellowship program - musculoskeletal imaging

Fellowship year:

Name:

Address:

Work address:

Phone:

E-mail address:

Place of birth:

Citizenship:

If not a USA citizen, type of Visa:

Please include the following information with your application:

Curriculum vitae

3 letters of recommendation (including 1 from the director of your radiology residency program)

Personal statement

Current photo

USMLE transcript

Materials should be sent via mail or electronically to:

Seema Prasad srpprasad@ucdavis.edu

Fellowship coordinator (916) 703-2273

UC Davis Health System

Department of Radiology

4860 Y Street, Suite 3100

Sacramento, CA 95817

If materials are sent electronically, they should also be sent to:

Cyrus Bateni, MD cpbateni@ucdavis.edu

Musculoskeletal Fellowship Imaging Director

Health Sciences Assistant Clinical Professor

Department of Radiology

University of California at Davis Medical Center

4860 Y Street, Suite 3100

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