

**Application for Fellowship
Department of Radiology
School of Medicine
University of California, Davis**

Fellowship program – Neuroradiology

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
Fellowship coordinator
UC Davis Health System
Department of Radiology
4860 Y Street, Suite 3100
Sacramento, CA 95817

srpprasad@ucdavis.edu
(916) 703-2273

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

Jennifer Chang, MD
Neuroradiology Fellowship Imaging Director
Department of Radiology
University of California at Davis Medical Center
4860 Y Street, Suite 3100
Sacramento, CA 95817

jenchang@ucdavis.edu