

SSR Common Application for Musculoskeletal Radiology Fellowship

PERSONAL INFORMATION:			
Name:	Last:	First:	Middle Initial:
Date of Birth:			
Address:			
City, State & Zip			
Telephone (Personal):	(CELL):	(WORK):	
Email:			
Preferred Contact Method	☐ Work ☐ Cell ☐ Email		
NPI #:			
Citizenship:			
VISA Type (J1, H1, F1, etc) (proof of visa status must accompany application)	Expiration Date:	Permanent Resident: ☐ Yes ☐ No	Other:
EDUCATION:			
Undergraduate Institution:		Degree:	Year Completed:
Medical School:		Degree:	Year Completed:
If foreign trained, do you have an ECFMG Certificate: ☐ Yes ☐ No	Certificate No:		Date:
AMERICAN BOARD OF RADIOLOGY/AMERICAN OSTEOPATHIC BOARD OF RADIOLOGY EXAM:			
CORE EXAM: Eligible? ☐ Yes ☐ No Already Taken? ☐ Yes ☐ No	If NOT taken, Expected exam date:		If ALREADY taken, Exam date and result:
PRIMARY ACTIVE STATE LICENSE:			
State:	License #	Expiration Date:	
Please list any additional active state medical licenses:			
Have you ever been denied or lost a state license? If yes, explain why:			
TRAINING:			
Prerequisite Year:			
Institution:		Dates:	
Other education, training or hospital research: Please list in chronological order, including your present position.			
Institution:	Type of Training:	Dates:	
Institution:	Type of Training:	Dates:	
Institution:	Type of Training:	Dates:	
Institution:	Type of Training:	Dates:	
REFERENCES: Please list the names and institutions of three individuals who will be writing letters for you.			
Name:		Institution:	
Name:		Institution:	
Name:		Institution:	
Signature:		Date:	

The SSR has provided this common application form for MSK fellowship programs that elect to use it. Applicants are responsible for verifying whether program(s) they apply to accept this form, for providing any additional materials to complete their application at a particular program (e.g. CV, personal statement), and for submitting and confirming receipt of their completed application to the intended program(s). Click on each box to enter your information. You can then save and/or print your completed form. Form Revised September 2025.