

PARTICIPANT PROFILE FOR SELF-DIRECTED VISITING FELLOWSHIP

To schedule your fellowship, please complete and fax this profile with your curriculum vitae (CV) to: 513-352-9379



Name:	Today's date:
Address:	E-mail:
City/State/Zip/Country:	
Preferred dates for your fellowship visit: From / / to / / (month/day/year)	

PROFESSIONAL EXPERIENCE

Please provide a brief background of your medical imaging experience.*	Modality	<input checked="" type="checkbox"/>	# of years	# of cases
	MRI	<input type="checkbox"/>		
	CT	<input type="checkbox"/>		
	Other: <input type="checkbox"/> Mammo <input type="checkbox"/> CAD			
	<input type="checkbox"/> Nuc. Med. <input type="checkbox"/> 3D <input type="checkbox"/> US			
*Also, please attach your CV (curriculum vitae)				
<input type="checkbox"/> Mostly Neuro <input type="checkbox"/> Mostly MSK				

EDUCATIONAL NEEDS ASSESSMENT

Please describe your personal educational needs or areas for growth—your reasons for attending this fellowship:	Primary Focus	
	<input type="checkbox"/> MSK	<input type="checkbox"/> Cardiac
	<input type="checkbox"/> Ortho	<input type="checkbox"/> CCTA
	<input type="checkbox"/> Neuro	<input type="checkbox"/> Other
	<input type="checkbox"/> Breast MRI	

OBJECTIVES

What do you expect to gain from your participation in this educational activity? (Check all that apply)

To become more familiar with MR imaging and to refresh broaden my skills.

To increase my expertise in subspecialty MR (please specify on the lines below):

Have you attended a ProScan Imaging course in the past? (list course and year)

Have you attended a ProScan Imaging Fellowship previously? What was its focus? Year attended:

Have you attended a non-ProScan Imaging Fellowship? Where? Year attended: