

DARLENE G. CASS WOMEN'S IMAGING CENTER

Application for Breast Imaging Fellowship

2024 - 2025

PERSONAL INFORMATION:

NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ECFMG CERTIFICATION: _____ VISA STATUS: _____

CITIZENSHIP: _____

E-MAIL: _____ @ _____

HOME: _____ (____) _____ - _____
ADDRESS/STREET CITY STATE ZIP HOME TELEPHONE

HOSPITAL: _____ TELEPHONE: (____) _____ - _____
NAME OF INSTITUTION

ADDRESS/STREET CITY STATE ZIP

EDUCATIONAL INFORMATION:

COLLEGE DEGREE: _____ NAME OF SCHOOL: _____ YR. GRAD. _____

M.D. DEGREE FROM (NAME OF SCHOOL): _____ YR. GRAD. _____

INTERNSHIP _____ YR: _____ TO _____
SPECIALTY INSTITUTION

RESIDENCY _____ YR: _____ TO _____
SPECIALTY INSTITUTION

OTHER EDUCATION _____ YR: _____ TO _____
SPECIALTY INSTITUTION

USMLE / COMPLEX SCORES:

STEP I: _____ STEP II: _____ STEP III: _____

PLEASE INCLUDE HONORS, AWARD, & PUBLICATIONS ON YOUR CURRICULUM VITAE.

ATTACH PHOTO
HERE

SIGNATURE: _____ DATE: _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. C.V.
2. Three (3) letters of reference,
one (1) should be from your Diagnostic Radiology program director.
3. A brief paragraph describing your:
 - a. Reasons for interest in Breast Imaging Fellowship
 - b. Training expectation
 - c. Practice expectations
4. Documents: (Certified copies are OK)
 - a. Medical School Transcript
 - b. College of Medicine Diploma
 - c. Internship Certificate
 - d. USMLE / COMLEX Transcript
5. Recent photo

You may email your completed application to:
mia.raymond@bswhealth.org

OR Mail to:

Jennifer Caero, M.D., Program Director
Breast Imaging Fellowship
C/O Mia Raymond, Coordinator
Baylor University Medical Center
3500 Gaston Avenue
Dallas, TX 75246