

## Radiology Visitor Application

### Personal Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name *(if applicable)*

Other names you have used:

\_\_\_\_\_

\_\_\_\_\_

Sex:  Male

Female

Date of Birth: \_\_\_\_\_  
mm / dd / yyyy

Place of Birth: \_\_\_\_\_  
city, country

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

Current Home Address: **(required)**

How long at this address? \_\_\_\_\_

\_\_\_\_\_  
Home Address *(business addresses will not be accepted)*

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Primary Telephone#

\_\_\_\_\_  
Alternate Telephone#

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Alternate email address

### Government-Issued Identification **(required)**

**Passport#:** \_\_\_\_\_  
(US or International Applicants)

\_\_\_\_\_  
Country of Issue

\_\_\_\_\_  
Expiration

**National ID#:** \_\_\_\_\_  
(International Applicants  
*Required for Chinese Nationals*)

\_\_\_\_\_  
Country of Issue

**Employer Information:**

Current Employer: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City / Town: \_\_\_\_\_ State / Province: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your current title: \_\_\_\_\_ Department: \_\_\_\_\_

Current supervisor's name: \_\_\_\_\_ Supervisor's telephone: \_\_\_\_\_

Date of hire: \_\_\_\_\_  
mm / dd / yyyy

**Medical School (required for clinical observership applications)**

Name of School: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City / Town: \_\_\_\_\_ State / Province: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*please include country & city code* *please include country & city code*

Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(i.e. MD, MBBS, PhD)

**Personal Reference:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ How Long? \_\_\_\_\_

**Emergency Contact:**

*In case of emergency, we should contact the following person:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*please include country & city code* *please include country & city code*

## English Proficiency:

**Proficiency of the English language is required for all visitors engaging in educational activities.** Minimum standards of comprehension include:

- **Listening:** visitors will be expected to process and understand English in a variety of social and instructional situations
- **Speaking:** visitors can expect to be engaged in oral communications in a variety of situations for a variety of purposes and audiences; ability to be conversant in individual or group situations is necessary
- **Reading:** visitors will be expected to process, interpret and evaluate written language, symbols and text with understanding
- **Writing:** it is expected that visitors will be able to engage in professional written communications for a variety of purposes and audiences

\_\_\_\_\_  
**applicant initials**  
**(REQUIRED)**

*Based upon the criteria above, I attest to the fact that I am proficient in English.*