# Screening Form
Research in Body MRI

Before completing this form, please note the following:

- *The minimum duration of fellowship is **one year**. Longer fellowships may be available upon request.*
- ***No funded positions** are currently available.*
- ***Self or institutional funding** should be available before applying*
- *Proof of funding of approximately **$44,000/year, in English**, will be required at the time of formal application.*
- *US Citizens/permanent residents are not permitted to perform unfunded research unless they are employed **full-time** elsewhere.*
- *Please make sure to **fill all sections** below.*
- *A **phone interview** is required before a final acceptance to the fellowship is granted.*
- *Please call Rachel Spence at 410-955-4567 or email to rspenc15@jhmi.edu if you have any questions.*
- *Please print, sign and email the completed form to rspenc15@jhmi.edu, or fax to 410-955-9799.*

Personal Information:

Last Name: _____   First Name: _____

Email _____   Phone Number: _____

Home Address: _____

Date of Birth: _____   Place of Birth: _____

Marital Status: _____   Gender: ☐ Male ☐ Female
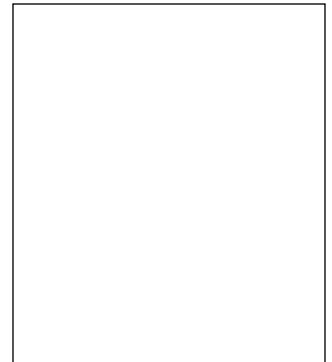
Insert Picture Here

Visa Information:

Citizenship: Are you a citizen of the United States? ☐ Yes ☐ No, complete the following   Citizenship: _____

Visa Type: _____   Entrance Date into USA: _____   Length of Stay Valid to: _____

Education and Current Position:

Medical School: _____   Dates (Month/Year): _____

Residency: _____   Speciality: _____   Dates (Month/Year): _____

Current Position: _____   Speciality: _____   Dates (Month/Year): _____

Research Activities: _____

Availability and Source of Funding:

Date Available (Month/Year): _____   Duration (Minimum 1 Year): _____

Source of Funding: _____   Amount (Min $44,000/Year): _____

Area of Research Interest: ☐ Body MRI ☐ Cardiovascular MRI ☐ Oncology ☐ Flexible

Current Date: _____   Signature: _____