



# THE AMERICAN COLLEGE OF RADIOLOGY NOMINATION FORM FOR FELLOWSHIP

Completed nominations, including curriculum vitae, must be sent to the chapter for review and forwarded by the chapter to the ACR office by May 1<sup>st</sup> in order to be considered for Fellowship at the Convocation the following year. **This form must be typed.**

Candidate's name in full: \_\_\_\_\_

Chapter or Branch of Service: \_\_\_\_\_

Office Address: \_\_\_\_\_ Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE PROVIDE DATE OF:**

Completion of radiological residency: \_\_\_\_\_

Certification by the: ABR \_\_\_\_\_ ABNM \_\_\_\_\_ RCPS (Canada) \_\_\_\_\_

Additional Certifications: \_\_\_\_\_

Date joined ACR as an Active Member: \_\_\_\_\_

Pursuant to the Bylaws of the American College of Radiology, this nomination for Fellowship is being requested by:  
(Check **ONLY ONE**)

- A chapter of the American College of Radiology
- Two Fellows, one of whom is not associated in practice with the nominee
- Two Fellows and approved by the Military Councilor

## PERSONAL ACCOMPLISHMENTS

1. Contributions to **ACR** activities at either the chapter or the national level.

DATES	ACR OR CHAPTER ACTIVITY	POSITION HELD

2. Accomplishment of significant basic or clinical research in the field of radiology, with significant contributions to its literature.

- a. Please attach a list of your contributions to medical literature (should be submitted in standard bibliographic form).  
**Do not submit copies of published materials.**
- b. Please list other notable research achievements (e.g., grants awarded) service on study sections, research awards.

3. The performance of outstanding service as a teacher of radiology. Include notable medical student, resident and allied health (e.g., technologist) educational activities.

DATES	INSTITUTION AND ACADEMIC APPOINTMENTS	SUBJECT TAUGHT	NUMBER OF STUDENTS	TYPE OF STUDENT	# OF HOURS PER YEAR

Teaching honors received (include "Teacher of the Year" and similar awards).

DATES	INSTITUTION	SUBJECT	AWARD

4. Service to organized medicine in a local, state or national medical organization, **other than** the ACR.  
 Service to radiology as an officer of a radiology society. Include all offices held in state, regional and national radiological organizations, other than the ACR.

DATES	RADIOLOGICAL SOCIETY NAME	NO. OF MEMBERS IN SOCIETY	OFFICE HELD

5. Other significant contributions to radiology. (**Include non-ACR** committees, commissions, Council **representation**, and all other services to organized radiology.)

DATES	RADIOLOGICAL OR OTHER SOCIETY NAME	NO. OF MEMBERS IN SOCIETY	CONTRIBUTIONS & OFFICE OR APPOINTMENT HELD

6. Service to the medical community other than radiology. Please include governmental and health appointments; local, county, state and national medical societies; major hospital staff appointments (i.e., chief of staff or medical board); and any other pertinent data in the space provided below.

DATES	MEDICAL SOCIETY OR INSTITUTE	NO. OF MEMBERS IN SOCIETY (if applicable)	CONTRIBUTIONS & OFFICE OR APPOINTMENT HELD

### ENDORSEMENTS

SIGNATURES BY FELLOWS	
<p>All types of nomination require the endorsement of two or more active ACR members who have achieved Fellowship. Fellow nomination guidelines state that at least one supporting fellow not be in practice with the candidate. Therefore, please check one. Please sign below and provide letters of recommendation.</p> <p><input type="checkbox"/> I am in business practice with the Fellow candidate  <input type="checkbox"/> I am not in business practice with the Fellow candidate</p> <p>Signed Supporting Fellow: _____ Date: _____</p> <p>Printed Name: _____</p>	
<p><input type="checkbox"/> I am in business practice with the Fellow candidate  <input type="checkbox"/> I am not in business practice with the Fellow candidate</p> <p>Signed Supporting Fellow: _____ Date: _____</p> <p>Printed Name: _____</p>	
<p><input type="checkbox"/> I am in business practice with the Fellow candidate  <input type="checkbox"/> I am not in business practice with the Fellow candidate</p> <p>Signed Supporting Fellow: _____ Date: _____</p> <p>Printed Name: _____</p>	

Please forward the completed application with letters of recommendation from each of the Fellows who signed above to the State Chapter Secretary or Fellowship Chairman for further processing.

State Chapters must determine if the nomination will be forwarded to the ACR for consideration. If the decision is affirmative, the State Chapters must **either** (1) give strong endorsement by making the candidate a **Chapter Nominee** or (2) indicate their concurrence with the Fellows who proposed the candidate (i.e., a **Fellow's Nominee**).

State Chapter officers must indicate their endorsement by signing the appropriate box on the next page.

## STATE CHAPTER SIGNATURES

Please sign in either Box I or II as appropriate.

**Any nomination signed in both categories will be returned immediately upon receipt by the ACR for resolution.**

If the State Chapter Secretary and the State Chapter Fellowship Chair are the same person, please obtain a second State Chapter Officer's signature in lieu of the State Secretary's signature.

I. STATE CHAPTER NOMINATION	
Signed State Chapter Secretary: _____	Date: _____
Printed Name: _____	
<u>and:</u>	
Signed State Chapter Fellowship Chair: _____	Date: _____
Printed Name: _____	

State Chapter officials may submit additional letters of endorsement for a Chapter Nomination. Such letters are not required, but will help guide the Fellowship Committee. If provided, such letters are expected to accompany a Fellow's Nomination papers.

II. CONCURRENCE WITH FELLOW'S NOMINATION	
Concurrence by the State Chapter or Military Councilor is required.	
Signed State Chapter Secretary: _____	Date: _____
Printed Name: _____	
<u>and:</u>	
Signed State Chapter Fellowship Chair: _____	Date: _____
Printed Name: _____	
<u>or:</u>	
Signed Military Councilor: _____	Date: _____
Printed Name: _____	