

# PET MINI FELLOWSHIP PROGRAM APPLICATION

Attach passport size photo here

BEGINNING (DATE): \_\_\_\_\_

NAME: \_\_\_\_\_

PRESENT ADDRESS:  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

UNDERGRADUATE EDUCATION:

School(s) Dates Degree

GRADUATE EDUCATION:

School(s) Dates Degree

MEDICAL EDUCATION:

School(s) Dates Degree

POSTGRADUATE MEDICAL TRAINING:

CURRENT WORKING PLACE:

BOARD CERTIFIED: \_\_\_\_\_ Date: \_\_\_\_\_

LICENSURE: \_\_\_\_\_

**Send completed application and supporting documents to:**

**Verlincia Williams**

**Tel: 713-704-4649**

**The University of Texas-Houston Medical School**

**Department of Diagnostic and Interventional Imaging**

**6431 Fannin Suite 2.130**

**Houston, Texas 77030**