

**APPLICATION**

**AMERICAN COLLEGE OF RADIOLOGY**

**Richard L. Morin, PhD Fellowship in
Medical Physics**

1. General Information
* Name:
* Preferred Mail Address
* City State ZIP
* Phone:
* E-mail:
* Name of Training Program:
* Subspecialty (if applicable):
* Institution:
* Name of Program Director:
* Department Chair:
* Current Year in Residency:
* Expected Year of Residency Completion
1. Please identify two current top areas of interest
* Area 1:
* Area 2:
1. Please choose at least one modality of interest for accreditation:
2. What prior experiences (activities, courses, and jobs) have best prepared you for this fellowship?
3. Why are you applying for this fellowship and what do you hope to gain from it?
4. Please include a copy of your CV.
5. Please have two letters of recommendation submitted to dgress@acr.org, addressed to Mahadevappa Mahesh, MS, PhD, FACR, FAAPM, Chair of ACR Commission on Medical Physics.
6. Please have your program director or department chair write a letter confirming support of the extracurricular requirements of the Fellowship. This confirmation may be included in a letter of recommendation or attached independently in your application materials.

Email: dgress@acr.org

Mail: Richard L. Morin, PhD, Fellowship in Medical Physics

Department of Quality and Safety -- Dustin Gress

American College of Radiology

1891 Preston White Drive

Reston, VA 20191-4397