

Application Form for the **KSR** Fellowship

Fellowship Program

- International Fellowship Program
 Self-Funded Fellowship Program

Full name:

Date of birth (d/m/y):

Age:

Place of birth:

Nationality:

Membership of academic societies:

Address for correspondence:

Phone:

Fax:

E-mail:

Academic career(after high school)

Year: Position

:
:
:
:

Occupation career

Year: Position

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:
:
:

Present position

| | |
|---|--|
| Specialty: | |
| Requested field of <input type="checkbox"/> Clinical training <input type="checkbox"/> and/or research | |
| Requested institution for clinical training and/or research <input type="checkbox"/> No special request <input type="checkbox"/> Special request in: <input type="checkbox"/> Already applied to <input type="checkbox"/> Not applied to | |
| Requested period of clinical training and/or research Inception (d/m/y): / / Completion (d/m/y): / / | |
| Itinerary after completion of clinical training and/or research | |
| Special remarks | Photograph (upper half of body) |

List of recent five years' publications(follow the style of *Index Medicus*)

*Total sum of the impact factor (as recent as possible) of the original articles and review article for last 5 years

*Publications of the applicant as corresponding author or the 1st author will be counted

*SCI, SCI-E paper will be counted. A Publication on the non-SCI journal will not be counted.

*Case report will not be counted.

*If there were multiple corresponding authors or 1st authors, then the impact factor will be divided by the number of them

| Authors/Title/Journal/Date | Are you the 1st or corresponding author? | Is this co-1st or co-corresponding? | Is this SCI or SCIE? | Impact Factor (x.xxx) | Pubmed ID |
|----------------------------|--|-------------------------------------|----------------------|-----------------------|-----------|
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Date (d/m/y): / /

Signature _____

Pledge

I hereby pledge the following, if I am appointed as a recipient of the KSR Fellowship:

(1) During the period of clinical training and/or research, I will obey Korean law, will cooperate with teachers and related personnel, and will make every effort to achieve the objectives of the fellowship.

(2) On completion of the period of clinical training and/or research, I will submit a related report to the office of KSR at my earliest convenience.

(3) Immediately on completion of clinical training and/or research, I will leave Korea and return to my home country where I will contribute to the general improvement of radiology.

(4) I will apply for a international membership of KSR.

Date (d/m/y): / /

Signature _____

Full name in print _____

Medical Report

Name of applicant: _____

Age :

Sex:

Height:

Weight:

1. If the applicant has a history of illness or disorders for the last 5 years, please describe the treatment and the present status of them.

2. List any abnormalities indicated in the chest X-ray.

3. What is the applicant's blood pressure?

4. Is the applicant free from infectious disease (AIDS, tuberculosis, trachoma, skin disease, etc.)?

5. Is the applicant able physically and mentally to carry on intensive training away from his/her home?

6. Describe the applicant's overall health condition and remarks of the examining physician.

Name and Address of Clinic:

Date:

Name of physician:

Signature (Stamp)