

American Association for Women Radiologists

4550 Post Oak Place, Suite 342 • Houston, TX 77027 • 713-960-0488

APPLICATION FOR AAWR LUCY FRANK SQUIRE DISTINGUISHED RESIDENT AWARD IN DIAGNOSTIC RADIOLOGY

Please type or print legibly

Name _____ MD _____ PhD _____ Other _____
First Middle Last

Institution _____
Street Address _____

Phone Numbers:
Professional _____
Home _____
Date of Birth ____/____/____

Medical School _____
Grad. Yr. Location

Internship _____
Dates Location

Previous Training in Another Specialty or Advanced Degrees:

Dates (from/to)	Program Location	Degree
_____	_____	_____
_____	_____	_____

Radiology Residency:

Dates (from/to)	Program
_____	_____
_____	_____

Anticipated completion of Radiology Residency: (Month/Year) _____

I understand that the AAWR award is available only to residents who are in training in an accredited radiology department. Candidates must be in residency training at the time of the award, must be an AAWR member in good standing, and must have joined the AAWR no later than January 1 of the year applying.

Signature Date

The above named physician is a resident in good standing in our training program.

Signature of Program Director or Department Chairperson Date