



<b>(Office use only)</b>	<b>ABR S.D. ID:</b>	
	<b>IMG ID:</b>	
	<b>Date Received:</b>	

2. Have properly documented clinical year training requirements have been accepted by sponsoring department?  Yes  No

3. Requirement: Four continuous years at the same sponsoring department, which has a diagnostic radiology program accredited by the ACGME (see ABR IMG Requirements at [www.theabr.org/ic/ic\\_dr/ic\\_dr\\_imedgrad.html](http://www.theabr.org/ic/ic_dr/ic_dr_imedgrad.html)).

Please indicate the department's plan for this candidate's four years (amended plans may be filed later):

Proposed Plan:

4-YEAR PLAN	START DATE (M/D/Y)	END DATE (M/D/Y)	*POSITION	SUBSPECIALTY
First Year				
Second Year				
Third Year				
Fourth Year				

\* Positions may be filled with any combination of instructor, assistant professor, associate professor, or professor; fellow; researcher<sup>(1)</sup>; or resident.

<sup>(1)</sup> A maximum of 12 months in research may be approved by the ABR to meet the requirements of the Alternate Pathway Program. Please submit the details for ABR review.

Contact information is available at: <http://theabr.org/about/contact.html>

\_\_\_\_\_  
Sponsoring Department Chair Signature

\_\_\_\_\_  
Date

For ABR Use: \_\_\_\_\_ Approved by ABR.