

(Office use only)	ABR S.D. ID:	
	IMG ID:	
	Date Received:	

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_ro/ic_ro_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, professor, or fellow.

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

Sponsoring Department Chair Signature

Date

For ABR Use: _____ Approved by ABR