



SIR Medical Student Council (MSC) Membership Application

GENERAL/CONTACT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

Medical School:

Year of Graduation:

EDUCATION/MEMBERSHIP INFORMATION

Please provide brief answers to the questions below.

1. How did you find out about the field of IR?

2. What are your thoughts on the new Diagnostic Radiology/Interventional Radiology primary certificate?

3. Why are you interested in IR as a specialty?

4. How do you foresee the future of IR evolving?

5. What role do you envision IR having in patient care?

6. What do you perceive to be some of the weakness of IR?

7. Describe one aspect of IR that excites you (a specific disease, a procedure, or research interest).

8. Describe your prior leadership experience.

9. How would you work on increasing medical student awareness and interest in IR?

10. What would you like to contribute to the SIR Medical Student Council and to your own school's IR exposure, if you become a member of the council?
11. What are you looking for in an IR residency program?
12. If the field of IR did not exist, what specialty would you likely go in to?

Thank you for your interest in becoming an SIR Medical Student Council member. Please email completed forms to SIR.Students@gmail.com. Phone interviews will be given to select applicants. We will be notifying students who are selected by June 15, 2014.

Applications for SIR MSC membership must be received by May 15, 2014.