AUR RADIOLOGY MANAGEMENT PROGRAM
Nomination Form

Only one faculty member may be nominated from a department. The nominee **must** be an active AUR member and **must** complete the information below:

1. Name (First, MI, Last): _____ Degree: _____
Academic Institution: _____ Dept. of: _____
Office Address: _____
City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
Office Phone: _____ Email: _____
Current Position in Department: _____
Administrative Role in Department: _____

2. Answer the following questions on a scale of 1-6**, 1 equaling very strong; 6 equaling very weak.**

What is your experience in a case-base taught course?
1 2 3 4 5 6

What is your degree of administrative experience?
1 2 3 4 5 6

Currently, what is the size of your department? _____ What is the number of supervised personnel? _____

Why are you interested in this Program?

_____

_____

_____

3. Attach a **one page description of your career goals** and how you hope to achieve them**.**

4. _____ _____
Name of Chair (Please Print) Signature of Chair

5. Return signed form and career goals (by mail or email) NO LATER THAN Thursday, January 11, 2018 to:

AUR Radiology Management Program
Attn: Rachel Whitlock
820 Jorie Blvd.
Oak Brook, IL 60523

Phone: 630-368-3730 **Email:** AUR@rsna.org