



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?

Three horizontal lines for text entry.

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 Tuesday, January 23, 2018 to:

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

Phone: 630-368-3730

Email: AUR@rsna.org