



# SIR Membership/Fellowship Recommendation

3975 Fair Ridge Dr., Suite 400 North, Fairfax, VA 22030 • (703) 691-1805; FAX (703) 691-1855

## Person completing recommendation letter is a:

MEMBER

PROGRAM DIRECTOR

Date: \_\_\_\_\_

To: Membership Committee/Fellows' Affairs Committee  
Society Interventional Radiology (SIR)  
3975 Fair Ridge Dr., Suite 400 North  
Fairfax, VA 22033

PLEASE TYPE OR PRINT

### RE: MEMBERSHIP APPLICATION OF:

APPLICANTS NAME: \_\_\_\_\_

### I SPONSOR'S GENERAL INFORMATION

1. FULL NAME: \_\_\_\_\_ 2. BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE DESIGNATION (MD, DO, OTHER) MO. DAY YEAR

3. OFFICE ADDRESS: \_\_\_\_\_  
HOSPITAL WORK PHONE WORK FAX  
DEPARTMENT EMAIL  
STREET CITY STATE ZIP CODE

### RECOMMENDATION FOR (Please Check)

(check one) Member (all categories) Fellow (all categories) In-Training

### I would like to recommend the applicant for membership in the SIR. To the best of my knowledge, the applicant:

(check one)

applicant completed an Interventional Radiology Fellowship Program

HOSPITAL PROGRAM NAME DATE OF COMPLETION

applicant DID NOT COMPLETE an Interventional Radiology Fellowship Program

applicant is CURRENTLY ENROLLED in an Interventional Radiology Fellowship Program

HOSPITAL PROGRAM NAME EXPECTED DATE OF COMPLETION

applicant is CURRENTLY ENROLLED in a Radiology Residency Program

HOSPITAL PROGRAM NAME EXPECTED DATE OF COMPLETION

I do not know if applicant has completed or is currently in a postgraduate fellowship training program in cardiovascular and interventional radiology or if applicant is enrolled in a radiology residency program.

