



## Distinction in Radiology Track Instructor (DIRTI) Intake Form

### Section 1: Personal Information

Full Name:

Professional Degree(s):

MD

DO

PhD

MBA

MPH

Other:

Professional Status:

DR Resident

IR Resident

Fellow

Practicing Radiologist

Retired Radiologist

### Section 2: Contact Information

Email Address:

Cell Phone Number:

### Section 3: Institutional Affiliation

Primary Institution Name:

Residency/Fellowship Director Name (if currently in residency/fellowship):

Residency/Fellowship Director Email (if currently in residency/fellowship):

(If currently in residency/fellowship) By providing your Residency/Fellowship Director's email, you authorize the AMSER Distinction in Radiology Track Director to verify your good standing and approval to serve as a DIRTI.

#### **Section 4: Radiology Subspecialty Area(s) of Interest (Select All That Apply)**

General Radiology

Abdominal Imaging

Cardiothoracic Imaging

Pediatric Radiology

Nuclear Medicine

Informatics / AI in Radiology

Breast Imaging

Neuroradiology

Interventional Radiology

Musculoskeletal Radiology

Emergency Radiology

Body Imaging

Other:

#### **Section 5: Mentorship Capacity**

Number of Medical Students You Are Willing to Mentor Per Academic Year:

1

2

3

4

5

More than 5 (please specify):