Creative Radiology
33 W Higgins Rd, Suite 5040. South
Barrington, IL 60010
Contact@CreativeRadiology.com
www.CreativeRadiology.com
847-899-1478

Teleradiology Externship Program

Please fill out the application form carefully

Personal Information

Full Name

First Name

Last Name

Birth Date

Month Day Year

E-mail

ex: myname@example.com

example@example.com

Phone Number

(000) 000-0000

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

Education Background

List your previous schools, beginning with the most recent

College

School Name

Study Field

School Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Upload A Copy Of Your Undergraduate Transcripts

Browse Files

Drag and drop files here

Date Graduated

MM-DD-YYYY

Date

GPA

College/Masters/Other

School Name

Study Field

School Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Upload A Copy Of Your Undergraduate Transcripts

Browse Files

Drag and drop files here

Date Graduated

MM-DD-YYYY

Date

GPA

Medical School (If Applicable)

School Name

Area(s) of Interest?

School Address

Anticipated Graduation Date

MM-DD-YYYY

Date

Year

MCAT Information

Test Date

03-11-2025

Date

MCAT Score

combined

Virtual or In-person?

Please Select

Length of Externship

Please Select

Why do you want to join the externship program? What are your goals?

My Products

4-Week Externship	$1,995.00
8-Week Externship	$2,995.00
12-Week Externship	$3,495.00

Quantity 1

Total **$0.00**

Payment Methods

Choose from one of the PayPal options to **make your payment.**

Apply Now!