

12. If yes, why? Want to primarily/exclusively practice my subspecialty
 Want to practice general radiology, but have fellowship training
 Not sure what I want to do
 Other _____

13. Subspecialty you plan to apply to: _____

14. What affect has the match had on your fellowship application process?
None
Facilitated the application process
Complicated the application process

Please explain _____

15. Upon completion of your training, in what setting would you like to practice?
Private practice
Hospital based private practice
Academic institution
Not sure

16. What factors affected your answer to question #5? If you select multiple factors, please number your selection by significance, "1" being the most significant factor.
Salary
Work hours/vacation
Work environment
Patient population/range of pathology
Other(please elaborate) _____

17. What major improvements would you like seen in your training program, and how do you think these could be achieved

Name (optional)_____

Thank you for your time.

Send to :
Attn : Ravi Prasad
Secretary RSNJ RFS
Fax 732 235 6889

Questions?
Visit our website at www.rsnj.org/residents or Email ajaysud@hotmail.com
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