

# Dayton Skin Surgery Center, Inc.

## APPLICATION: MOHS FELLOWSHIP EXTERNSHIP

Applicant Information				
Last Name	First		Middle Initial	
Permanent Address				Apt. #
City	State		Zip	
Phone (    )		E-mail Address		Date of Birth
Date Available	Spouse Name			Marital Status:
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
If yes, explain:				
Education				
High School:	City/State		Year Grad:	
College:	City/State		Year Grad:	
Medical School	City/State		Year Grad:	
Internship	Dates: Hospital			
Residency	Dates: Hospital:			
<i>Please list Four (4) Professional References</i>				
Full Name:		Phone:	Cell Phone:	
Full Name:		Phone:	Cell Phone:	
Full Name:		Phone:	Cell Phone:	
Full Name:		Phone:	Cell Phone:	
Post Graduate Studies/ Work:				
Post Graduate Studies/ Work:				Dates:
Memberships				

**REQUIRED ATTACHMENTS:**

1. PHOTOGRAPH-Passport ready
2. CURRICULUM VITAE
3. MD LICENSE
4. NATIONAL BOARD (USMLE or COMLEX) SCORES-Part I, II, III
5. BRIEF ESSAY DESCRIBING RESEARCH, EXPERIENCE, PUBLICATION PARTICIPATION & PROFESSIONAL AND PERSONAL GOALS.
6. ARTICLE, PUBLICATION OR ABSTRACT YOU HAVE WRITTEN OR HAD A DIRECT IMPACT ON.
7. 1 REFERENCE LETTER (FROM THE DIRECTOR OF DERMATOLOGIC SURGERY).

**APPLICATION DEADLINE IS MARCH 1 OF THE YEAR OF INTEREST (postmarked)**

**IF YOU HAVE QUESTIONS PLEASE EMAIL: [fellowship@daytonskinsurgery.org](mailto:fellowship@daytonskinsurgery.org)**

**SEND APPLICATION AND ATTACHMENTS TO:**

**FELLOWSHIP PROGRAM COORDINATOR  
c/o DAYTON SKIN SURGERY CENTER, INC.  
3025 Governor's Place Blvd  
Dayton, OH 45409**

**OR BY EMAIL: [fellowship@daytonskincare.com](mailto:fellowship@daytonskincare.com)**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:	Date:
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