

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 Three (3) Professional References</i>				
Residency Director (Full Name):			Cell Phone:	
Dermatologic Surgery Director (Full Name):			Cell Phone:	
Your Choice (Full Name):			Cell Phone:	

Post Graduate Studies/ Work:	Dates:
Memberships	

REQUIRED ATTACHMENTS:

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

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

IF YOU HAVE QUESTIONS PLEASE EMAIL: fellowship@daytonskincare.com

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

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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