

**APPLICATION:**

Procedural Dermatology Fellowship

Fellowship Dates: July 1, \_\_\_\_\_ - June 30, \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP) Sex: Male \_\_\_ Female \_\_\_

Military Status: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**PRE-MEDICAL EDUCATION**

Name of Institution	City and State	From Month/Year	To Month/Year	Degree/Major
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____

**MEDICAL EDUCATION**

Name of Institution	City and State	From Month/Year	To Month/Year	Degree/Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INTERNSHIP AND/OR RESIDENCY TRAINING**

Name of Institution	City and State	From Month/year	To Month/Year	Degree/Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**USMLE SCORES AND PERCENTILES**

Part I: \_\_\_\_\_ Part II: \_\_\_\_\_ Part III: \_\_\_\_\_

**Foreign Graduates or Non-Citizens:**

Do you have ECFMG certification? \_\_\_\_\_ (Send copy of certificate)

Have you passed the equivalent of the USMLE? \_\_\_\_\_

(Send copy of official documentation of scores and percentiles)

Visa status: \_\_\_\_\_ (Send copy of visa)

**LIST THOSE WRITING THE 3 LETTERS OF RECOMMENDATION (name, address, position):****QUESTIONS REGARDING APPLICATION**

Hand-written, typed or printed responses are acceptable, but must be limited to the spaces provided.

1. Why do you want to be a dermatologic surgeon?

2. Applicants' interest in applying at UT Southwestern may be routine or special. What, if any, has particularly attracted you to our fellowship training program?

3. What strengths would you bring to a fellowship program?

4. What do you plan to do after your fellowship? Why?

5. How do you see yourself 10 years from now?

6. Is there any other information you wish to communicate about yourself?

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Signature

Date

***\*\*With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern Medical Center at Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern Medical Center at Dallas correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern Medical Center at Dallas collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.***



**AFFILIATED HOSPITALS**

**Children's Medical Center**

**Dallas Veterans Administration Hospital**

**Parkland Health and Hospital System**

**St. Paul Medical Center**

**Zale-Lipsky University Hospital**