

APPLICATION TO UNIVERSITY OF WASHINGTON DERMATOLOGIC SURGERY FELLOWSHIP ~ 2008-09

Please print this form, complete and sign it, attach your CV and photo; then mail to: Attn: Dan Berg, MD, UW Dermatology Clinic, 4225 Roosevelt Way NE, 4<sup>th</sup> fl, Box 354697, Seattle, WA 98195-4697

Last Name \_\_\_\_\_ First, MI \_\_\_\_\_

Present Program \_\_\_\_\_

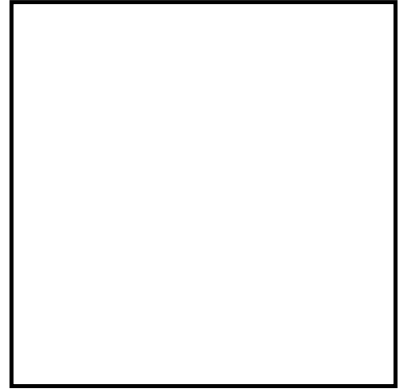
Present Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_



Attach recent photograph  
2" x 2" (optional)

Permanent Address \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_

Citizenship \_\_\_\_\_ Visa - J1, H1, F1, etc \_\_\_\_\_ Exp Date (dd/mm/yyyy) \_\_\_\_\_

Letters of Recommendation have been requested from these persons well acquainted with my background.

I give permission to Dr. Berg to contact any other persons who have worked with me who may be able to comment on my abilities.

Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Title \_\_\_\_\_

Institution \_\_\_\_\_

Name/Title \_\_\_\_\_

Institution \_\_\_\_\_

Name/Title \_\_\_\_\_

Institution \_\_\_\_\_

Name/Title \_\_\_\_\_

Institution \_\_\_\_\_

**MEDICAL EDUCATION**

Year of matriculation at Medical School \_\_\_\_\_

Institution \_\_\_\_\_

Location \_\_\_\_\_

Institution \_\_\_\_\_

Location \_\_\_\_\_

Internship

Institution \_\_\_\_\_

Location \_\_\_\_\_

**DERMATOLOGY RESIDENCY**

Institution \_\_\_\_\_ Program Dir. \_\_\_\_\_

Location \_\_\_\_\_ Years \_\_\_\_\_

Derm Surgery Dir. \_\_\_\_\_ Chairman \_\_\_\_\_

**WORK HISTORY (if any) since completing Dermatology Residency or prior to Dermatology Residency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HONORS/AWARDS**

\_\_\_\_\_

**ADDITIONAL GRADUATE EDUCATION**

Institution \_\_\_\_\_ Degree, if any \_\_\_\_\_

Location \_\_\_\_\_ Year(s) \_\_\_\_\_

Institution \_\_\_\_\_ Degree, if any \_\_\_\_\_

Location \_\_\_\_\_ Year(s) \_\_\_\_\_

I have read and I understand the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

\_\_\_\_\_  
Signature of Applicant Date