

Dayton Skin Surgery Center

EMPLOYMENT APPLICATION: MOHS FELLOWSHIP

MATCH ID _____

Applicant Information

Last Name		First Name		M.I.
Permanent Address:				Apt. #
City	State			Zip
Phone: ()		E-mail Address:		Date of Birth:
Date Available:	Social Security No.:			Marital Status:
Spouse Name:				
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:
Med. School	City/State	Year Grad:
Internship	Dates: Hospital	
Residency	Dates: Hospital:	

Please list Four (4) Professional References (* Letters of Reference must be attached)

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. MEDICAL SCHOOL TRANSCRIPT (Copy is acceptable)
2. PHOTOGRAPH- Passport ready
2. C-V
3. MD LICENSE (or current EDUCATIONAL LICENSE)
4. NATIONAL BOARD (or Flex) SCORES – Part I, II, III (Copy is acceptable)
5. BRIEF ESSAY DESCRIBING RESEARCH, EXPERIENCE, PUBLICATION PARTICIPATION & PROFESSIONAL AND PERSONAL GOALS.
7. ARTICLE, PUBLICATION OR ABSTRACT YOU HAVE WRITTEN OR HAD A DIRECT IMPACT ON.
8. SF MATCH IDENTIFICATION NUMBER
9. 4 REFERENCE LETTERS (ONE MUST BE FROM RESIDENCY CHAIRMAN AND ONE FROM THE DIRECTOR OF DERMATOLOGIC SURGERY)

APPLICATION DEADLINE IS AUGUST 31 OF THE CURRENT YEAR (postmarked)

IF YOU HAVE QUESTIONS PLEASE EMAIL: manager@daytonskinsurgery.org

SEND APPLICATION AND ATTACHMENTS TO:

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

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: