

# Dayton Skin Surgery Center

## EMPLOYMENT APPLICATION: MOHS FELLOWSHIP

Applicant Information			
Last Name	First	M.I.	
Permanent Address:			Apt. #
City	State Zip		
Phone: (    )		E-mail Address:	
Date Available:		Social Security No.:	
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: Cit	y/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:	Cell Phone:	Work Phone:
Full Name:	Cell Phone:	Work Phone:
Full Name:	Cell Phone:	Work Phone:
Full Name:	Cell Phone:	Work Phone:

Post Graduate Studies/ Work:	Dates:
Memberships	

**REQUIRED ATTACHMENTS:**

1. MEDICAL SCHOOL TRANSCRIPT
2. PHOTOGRAPH- Passport ready
3. C-V
4. MD LICENSE
5. NATIONAL BOARD (or Flex) SCORES – Part I, II, III
6. 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)

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

SEND APPLICATION AND ATTACHMENTS TO:

SUE HORWARTH, RN, MSN  
FELLOWSHIP PROGRAM COORDINATOR  
c/o DAYTON SKIN SURGERY CENTER, INC.  
3025 GOVERNORS PL  
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:
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