

## **BODY CONTOURING FELLOWSHIP APPLICATION**

	DEMOGRA	APHICS			
1. NAME (LAST)	(FIRST)	(MIDDLE	)		
2. SOCIAL SECURITY NUMBER	3. ECFMG REGISTR/	ATION (IF APPLICABLE)	_		
		(,			
4. PRESENT ADDRESS	(STREET)				
			ATTACH RECENT		
(CITY)	(STATE)	(ZIP)	PHOTOGRAPH		
PRESENT PHONE NOS.					
DAY ( )	EVENIN				
5. CITIZENSHIP U.S.		STATUS (IF APPLICABLE) PERMANENT			
7. MARRIED		TEMPORARY J-	1		
	NO	☐ H-1			
8. PERMANENT ADDRESS: C/O (N	IAME OF PERSON THROUGH W	HOM I CAN ALWAYS BE CONTA	CTED) (STREET)		
(CITY)	(STATE)	(ZIP)	PERMANENT PHONE NO.		
			( )		
	MEDIC	AL EDUCATION			
9. MEDICAL SCHOOL(S) (NAME	)				
(OLT) ()	(OTATE/OOLINTD) ()		La MONTHAL DE ODADUATION		
(CITY)	(STATE/COUNTRY)		10. MONTH/YEAR OF GRADUATION		
	GRADU	ATE EDUCATION			
11. GRADUATE SCHOOL(S)	DAT	ES ATTENDED	GRADUATE DEGREE		
A. NAME					
CITY		STATE			
B. NAME					
CITY		STATE			
	LINDERCRA	DUATE EDUCATION			
12. UNDERGRADUATE SCHOOL(		ES ATTENDED	GRADUATE DEGREE		
12. GINDERGRADOATE GOTIOGE(	<u> </u>	LOATIENDED	GRADOATE DEGREE		
A. NAME					
(CITY)		(STATE)			
B. NAME					
(CITY)		(STATE)			
		\- <i>,</i>			

I HAVE ALREADY PASSED THE EXAMINATIONS CHECK BELOW ON THE DATES INDICATED:									
13.		P I:(DATE	<del>.</del> )	SCORE:	sc	ATE:			
	USEMLE, STI	(DATE	·)	SCORE:	SC	ATE:CORE:			
			BOARD CI	ERTIFICATION	S				
15.									
SPECIALI	TY:		DATE:		CI	ERT. NO.:			
SPECIALI	TY:		DATE:		CI	ERT. NO.:			
LETTERS OF RECOMMENDATION									
16. A. PR	OGRAM DIRECT	OR NAME:							
INS	TITUTION								
ADE	DRESS								
B. NA	ME AND TITLE								
INS	TITUTION								
ADE	PRESS								
C. NA	ME AND TITLE								
INS	TITUTION								
ADE	DRESS								
D. NA	ME AND TITLE								
INS	TITUTION								
ADE	DRESS								
17. (CHE			HEREBY WAIVE ACCE		ERS AND WILL	SO INFORM THE			
	NAME OF APPL	ICANT (TYPED)			SIGNAT	TURE AND DATE			

PERSONAL STATEMENT
18. PLEASE PROVIDE A PERSONAL STATEMENT DETAILING YOUR INTEREST AND INTENTIONS REGARDING BODY CONTOURING
SURGERY (1 - 2 PARAGRAHS)
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.
19.
CIONATURE OF ARRUGANIT
SIGNATURE OF APPLICANT: DATE:
NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL.

## **APPLICATION CHECKLIST** HAVE YOU PROVIDED THE BODY CONTOURING FELLOWSHIP WITH ALL OF THE REQUIRED INFORMATION? COMPLETED BODY CONTOURING FELLOWSHIP APPLICATION **CURRICULUM VITAE COPY OF USMLE SCORES** PERSONAL STATEMENT TWO LETTERS OF RECOMMENDATION, INCLUDING ONE FROM YOUR PROGRAM DIRECTOR PLEASE MAIL COMPLETED BODY CONTOURING FELLOWSHIP APPLICATION MATERIALS TO: NINA BEEDLE BODY CONTOURING FELLOWSHIP COORDINATOR 3550 TERRACE STREET SCAIFE HALL, SUITE 683 PITTSBURGH, PA 15261 TELEPHONE: 412-383-8082 FAX NUMBER: 412-383-8986 EMAIL: BEEDLEND@UPMC.EDU IF YOU HAVE ANY QUESTIONS REGARDING THE BODY CONTOURING FELLOWSHIP, PLEASE FEEL FREE TO CALL OR SEND AN E-MAIL REQUEST TO: NINA BEEDLE, 412-383-8082 OR BEEDLEND@UPMC.EDU PROGRAM DIRECTOR: J. PETER RUBIN, M.D.

