

I HAVE ALREADY PASSED THE EXAMINATIONS CHECK BELOW ON THE DATES INDICATED:

13.

USMLE, STEP I: _____ SCORE: _____
 (DATE)

USMLE, STEP II: _____ SCORE: _____
 (DATE)

USEMLE, STEP III: _____ SCORE: _____
 (DATE)

14. IN-SERVICE EXAM

DATE: _____
 SCORE: _____
 DATE: _____
 SCORE: _____

BOARD CERTIFICATIONS

15.

SPECIALITY: _____ DATE: _____ CERT. NO.: _____

SPECIALITY: _____ DATE: _____ CERT. NO.: _____

LETTERS OF RECOMMENDATION

16. A. PROGRAM DIRECTOR NAME: _____

INSTITUTION _____

ADDRESS _____

B. NAME AND TITLE _____

INSTITUTION _____

ADDRESS _____

C. NAME AND TITLE _____

INSTITUTION _____

ADDRESS _____

D. NAME AND TITLE _____

INSTITUTION _____

ADDRESS _____

17. (CHECK ONE) I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS

I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

NAME OF APPLICANT (TYPED) _____ SIGNATURE 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.

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.

