

UPMC

Division of Plastic Surgery

Microvascular Reconstructive Surgery Fellowship Application

DEMOGRAPHICS				Attach Recent Photograph
Last Name:	First Name:	Middle Initial:		
Current Address:				
City:	State:	Zip Code:		
Home Phone:		Cell Phone:		
Email Address:				
Citizenship:	U.S. <input type="checkbox"/>	Other: <input type="checkbox"/>	ECFMG Certificate No: (if applicable)	
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Visa Status (if Applicable) <input type="checkbox"/> Permanent <input type="checkbox"/> J-1 <input type="checkbox"/> Temporary <input type="checkbox"/> H-1B				
MEDICAL EDUCATION				
Medical School (#1):				
City:	State:	Country:		
Medical School (#2):				
City:	State:	Country:		
GRADUATE EDUCATION				
Graduate School:		Dates Attended:	Graduate Degree:	
City:	State:	Country:		
Graduate School:		Dates Attended:	Graduate Degree:	
City:	State:	Country:		
UNDERGRADUATE EDUCATION				

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Undergraduate School:		Dates Attended:	Graduate Degree:
City:	State:	Country:	
Undergraduate School:		Dates Attended:	Graduate Degree:
City:	State:	Country:	

RESIDENCY / FELLOWSHIP EDUCATION

Residency Program (#1):		Dates Attended:
Program Director:		
City:	State:	Country:
Residency Program (#2):		Dates Attended:
Program Director:		
City:	State:	Country:
Residency Program (#3):		Dates Attended:
Program Director:		
City:	State:	Country:
Fellowship Program (#1):		Dates Attended:
Fellowship Director:		
City:	State:	Country:
Fellowship Program (#2):		Dates Attended:
Fellowship Director:		
City:	State:	Country:

USMLE SCORES

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<input type="checkbox"/>	USMLE Step I (Date Taken):	Score:
<input type="checkbox"/>	USMLE Step II (Date Taken):	Score:
<input type="checkbox"/>	USMLE Step III (Date Taken):	Score:
BOARD CERTIFICATIONS		
Specialty:	Date:	Certificate No:
Specialty:	Date:	Certificate No:

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LETTERS OF RECOMMENDATION

#1 Program Director Name:

Institution:

Address:

Address:

#2 Name and Title:

Institution:

Address:

Address:

#3 Name and Title:

Institution:

Address:

Address:

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:

Signature and Date:



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PERSONAL STATEMENT

Please provide a personal statement detailing your interest and intentions regarding Microvascular Reconstructive Surgery.

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:



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APPLICATION CHECKLIST

Have you provided the Microvascular Reconstructive Surgery Fellowship with all of the required information?

- Completed Microvascular Reconstructive Surgery Fellowship Application
- Curriculum Vitae
- Copy of USMLE Scores
- Personal Statement
- Three letters of recommendation, including one from your Plastic Surgery Program Director

Please mail completed Microvascular Reconstructive Surgery Fellowship Application Materials to:

Nina D. Beedle
Microvascular Reconstructive Surgery Fellowship Coordinator
3550 Terrace Street
683 Scaife Hall
Pittsburgh, PA 15261
Telephone: 412-383-8082
Fax: 412-383-8986
E-mail: beedlend@upmc.edu

If you have any questions regarding the Microvascular Reconstructive Surgery Fellowship, please feel free to call or send an e-mail request to: Nina D. Beedle.

Fellowship Director: Michael L. Gimbel, MD