



**UNION SQUARE LASER DERMATOLOGY
COSMETIC DERMATOLOGIC SURGERY FELLOWSHIP
PROGRAM APPLICATION FORM**

(Please print or type)

Applicant Information:

Applicant Name: _____

Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____ Phone Number: _____

Medical License(s): _____

Have you completed an ACGME or DO affiliated residency program? Yes No

Residency: _____

Location

Expected Completion Date

Expected Fellowship Dates: from ____/____/____ to ____/____/____

Will you be available for the entirety of the fellowship? Yes No

Membership in professional organizations (include Officer roles, if applicable):

Publications:

Please submit the following with your application:

- Curriculum Vitae
- Letters of Recommendation (2)
- Copies of Medical License(s)
- Personal Statement

Signature: _____

_____ Date

Printed Name: _____

Instructions:

Completed application forms and any supporting materials should be emailed by applicants to fellowship@unionderm.com. Recommendation letters should be submitted directly by the recommenders via email to fellowship@unionderm.com. For additional details or questions, please visit our fellowship webpage at: <https://www.unionderm.com/about/fellowship-in-cosmetic-dermatology/> or email our Executive Director, Steven Galeazzi, at steve@unionderm.com.