

## Specialty Training Program in Cosmetic Dermatology

**CEDARS MEDICAL CENTER/UNIVERSITY OF MIAMI**  
6 FLOOR SOUTH DERMATOLOGY  
1400 NW 12<sup>th</sup> AVENUE  
MIAMI, FLORIDA 33136

E-Mail:dermatology.department@hcahealthcare.com Telephone:(305)325-3920 Fax:(305)325-5802

**(PLEASE PRINT)**

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**SEX:**  Female  Male      **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**PLACE OF BIRTH:** \_\_\_\_\_      **CITIZENSHIP:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
Street City Country Mail Code

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_  
Street City Country Mail Code

**TELEPHONE NUMBERS (Please state country and city codes):**

**HOME:** \_\_\_\_\_      **WORK:** \_\_\_\_\_

**FAX NUMBERS (Please state country and city codes):**

**HOME:** \_\_\_\_\_      **WORK:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**CURRENT MEDICAL POSITION:** \_\_\_\_\_

**LIST ALL COLLEGES AND UNIVERSITIES ATTENDED:**

INSTITUTE	LOCATION	DATES ATTENDED	DEGREE

**PROFESSIONAL EXPERIENCE:**

Before your application can be reviewed, we **MUST** receive the following:

\_\_\_ **Completed application including a recent photograph.**

\_\_\_ **Proof of English proficiency (please check one of the following):**

- \_\_\_ I have taken the TOEFL and have requested that my score be sent to you.  
 \_\_\_ An English-speaking member of my sponsoring agency will certify that my written and spoken English are sufficient for graduate education.  
 \_\_\_ I am a native English-speaker.

\_\_\_ **Proof of Medical Insurance (very important). Must provide proof of medical coverage of at least \$50,000.**

\_\_\_ **Letter of recommendation from your supervisor, your sponsor, or someone who knows you professionally.**

\_\_\_ **Personal statement:** Attach a second sheet explaining in English why you would like to be a part of the Cosmetic Dermatology Program. Explain your interest in Dermatology and your career goals.

\_\_\_ **Curriculum Vitae**

\_\_\_ **Tuition fee for the Cosmetic Dermatology Program is \$2,000.00.**

Please make check payable to UNIVERSITY OF MIAMI GEST PROGRAM. *Transportation, room, and meals are the responsibility of the candidate.*

**I declare that all the statements in this form are true.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Send completed application form and personal statement by AIRMAIL to the address printed on first page of application ATTN: Veronica Acosta, Coordinator.