

**Memorial Sloan-Kettering Cancer Center**

Dermatology Service

16 E. 60<sup>th</sup> St, New York, NY 10022

Phone: 646-888-6031 / Fax: 646-227-7274

**MSKCC/Weill Cornell Procedural Dermatology Fellowship Application**

Fellowship Period: \_\_\_\_\_ SF Match #: \_\_\_\_\_

**Applicant Information**Full Name: \_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_Present Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_Fax: \_\_\_\_\_  
VISA Type: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ (if Not US Citizen) \_\_\_\_\_**Education**

Undergraduate Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate School (if applicable): \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year: \_\_\_\_\_

Internship: (Institution, location, dermatology chief): \_\_\_\_\_

Residency: (Institution, location, dermatology chief): \_\_\_\_\_

Post-Residency Experience (if applicable): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Required Attachments:**

1. Curriculum vitae
2. Personal statement including long term goals
3. Transcript of medical school record and Dean's letter
4. Photocopy of official documentation of scores/percentiles from USMLE Part I and II
5. Three letters of recommendation:
  - a. Chair of dermatology
  - b. Director of Mohs/dermatologic surgery
  - c. Other
6. Recent photograph

**APPLICATION DEADLINE IS AUGUST 10 (postmarked)**  
**IF YOU HAVE QUESTIONS PLEASE EMAIL: [mathewc@mskcc.org](mailto:mathewc@mskcc.org)**  
**SEND APPLICATION AND ATTACHMENTS TO:**

**Dr. Kishwer Nehal**  
**Attention: Christa Mathew**  
**Memorial Sloan-Kettering Cancer Center**  
**16 E. 60<sup>th</sup> St.**  
**New York, NY 10022**