

# INTERNATIONAL INSTITUTE OF RECONSTRUCTIVE MICROSURGERY

Return to: Julia K. Terzis, M.D., Ph.D.  
International Institute of Reconstructive  
Microsurgery  
  
700 Olney Road, LH 2055  
Norfolk, VA 2350

## APPLICATION

\_\_\_\_ Years of General Surgery Training  
\_\_\_\_ Years of Plastic Surgery Training  
\_\_\_\_ Other (please specify)

ATTACH 2x3  
PHOTOGRAPH  
HERE

Desired Starting Date \_\_\_\_\_  
Desired Completion Date \_\_\_\_\_

Date \_\_\_\_\_

### PERSONAL HISTORY

Name \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security Number (if applicable) \_\_\_\_\_

Birthplace \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Children [Ages] \_\_\_\_\_

Physical Condition \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Licensed to Practice? \_\_\_\_\_ What State(s) \_\_\_\_\_

Available for Interview \_\_\_\_\_ Date(s) \_\_\_\_\_

*REFERENCES (Give names below, applicant should personally request the Medical School Dean and 3 others {letters from Program Directors of training are preferred} to submit letters of recommendation)*

Medical School Dean \_\_\_\_\_

Reference \_\_\_\_\_

Reference \_\_\_\_\_

Reference \_\_\_\_\_

*PREMEDICAL TRAINING*

College (name of school) \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_  
Post Graduate \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_  
Business Experience \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_  
Vocational Experience \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_

*MEDICAL TRAINING*

Medical School \_\_\_\_\_ Degree \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Hospital Externships \_\_\_\_\_ Type \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Hospital Internship \_\_\_\_\_ Type \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Hospital Residencies \_\_\_\_\_ Type \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Hospital Residencies \_\_\_\_\_ Type \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Research Work \_\_\_\_\_ Sponsoring Dept. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Military Status \_\_\_\_\_  
Extracurricular Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*FOREIGN GRADUATES:*

ECMFG Certificate [Yr. & No.] \_\_\_\_\_  
Type [Permanent/Interim] \_\_\_\_\_  
Type of Visa: \_\_\_\_\_

Application will not be considered complete until Medical School Transcripts and Letters of Recommendation have been received.

Appointments are made for two years by contract, which lists stipends and fringe benefits.

If appointment is received and accepted by me I agree to discharge my duties and to complete the term of appointment as offered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

