

STATE OF HEALTH (list previous serious illnesses, existing disabilities and limitations)			PREVIOUS NAMES (unmarried, previous married)	
MILITARY SERVICE	BRANCH	SPECIALTY	RANK	DATES OF SERVICE
	RESERVES?	NATIONAL GUARD?		
PROFESSIONAL REFERENCES – Please ask three individuals to send letters of reference directly to Jeanne Lee, M.D., Director, Regional Burn Center.				
NAME		TITLE	ADDRESS	
Resident: Will you be available For appointment July 1 st ?				
ADDITIONAL INFORMATION/COMMENTS				
SIGNATURE			DATE	

THE UNIVERSITY OF CALIFORNIA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

INSTRUCTIONS:

1. Mail, e-mail, or fax this application to:
Theresa Alivero, Fellowship Program Coordinator,
Burn Surgery
UC San Diego Health
200 West Arbor Drive, MC#8896
San Diego, CA 92103-8896
Fax #: 619-543-7202
talivero@health.ucsd.edu
2. Attend a brief biographical sketch and appraisal of your career goals.
3. Make sure that letters of reference are sent directly as listed in instruction #1 above.

<p>Photograph (3" X 3") (NOT MANDATORY)</p>
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