

**Dallas Fort Worth Dermatological Society Application Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Texas Medical Lic. # \_\_\_\_\_

Are you currently in solo practice, group, or an institution? (circle)

If with a group or institution, name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Street City Zip

Work phone #: \_\_\_\_\_

Work fax #: \_\_\_\_\_

Work website: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City Zip

Home phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Education**

Undergraduate: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Medical School: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Internship: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Residency Derm: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Residency Other: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Fellowship: \_\_\_\_\_ Deg.: \_\_\_\_\_ Date: \_\_\_\_\_

Discipline: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Date: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Date: \_\_\_\_\_

Circle level of society affiliation requested:

Active Special Guest Resident Fellow

Sponsoring Dallas Dermatological Society Member's Name: \_\_\_\_\_

\* Meetings are held on the 2<sup>nd</sup> Tuesday for Fort Worth and 4<sup>th</sup> Tuesday for Dallas Derm.  
Information posted on our website [www.dfwderm.org](http://www.dfwderm.org).

**Please send the application and dues payment of \$400 (checks made out to Dallas-Ft Worth Dermatological Society) for the 2014-2015 period to:  
Ryan Hick, MD  
1355 River Bend Dr, Dallas, TX 75247**