The Florida Society of Dermatology & Dermatologic Surgery

FSDDS is an advocacy and education organization, dedicated to the highest standards in patient care. If you are a Florida Dermatologist, we encourage you to join the Society so you can personally promote a stronger Florida Dermatological practice environment. FSDDS is YOUR Society for advocacy in the state Capital to support legislative issues important to dermatology in Florida.

Provisional Resident Application

Date ______________

Name ____ Degree(s) ____________________

Date of Birth ____________ ☐ Male ☐ Female FL Medical License # ________________________

Practice Name ____

Practice Address ____

City ____ State ________ Zip ____________

Office Phone ____________________________________ Office Fax ______________________________

Home Address ____

City ____ State ________ Zip ____________

Preferred Email ____

Membership: *(For membership requirements, please refer to the FSDDS bylaws online at www.fsdds.org)*

What year will you complete your residency? ____________

Are you a member of the AAD? ☐ Yes ☐ No

If so, what is your AAD Membership Catagory? ________________________________

When will you be eligible to become certified by the ABD ot AOCD? _____________

Please complete the following:

Undergraduate ____

Graduate/Medical School ____

Internship/Residency ____

Present Medical School/Hospital Affiliations:

____

____

Residency Program Director:

____

I affirm that information submitted is true and correct to the best of my knowledge.
I hereby authorize the FSDDS to obtain verification of any of the above listed information.

____ __________________

Signature of Applicant Date

Fax or Mail to:

FSDDS
11891 Magnolia Falls Drive
Jacksonville, FL 32258
Phone: 904-880-0023
Fax: 904-880-0034

Apply online:
www.fsdds.org