



## Physicians Application for Enrollment

Please print and submit this application by Fax: 949-248-9339 or Email to [Atoussa@kleinmd.com](mailto:Atoussa@kleinmd.com)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Name you would like to be called (Nickname): \_\_\_\_\_

Medical Degree (choose one): MD or DO                      Date of Birth: mm/dd/yyyy \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone (Office): \_\_\_\_\_ Tel (Cell): \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Practice Website (URL) \_\_\_\_\_

Current Status (choose one) Resident, Fellow, Faculty, Private-Practice, other (please specify):  
\_\_\_\_\_

List your Board Certifications: \_\_\_\_\_

Have you ever been disciplined by a state licensing board?                      No    Yes

Have you ever had medical malpractice insurance canceled, or limited?                      No    Yes

Have you had chemical abuse or dependency within the past 5 years?                      No    Yes

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_                      Size of Surgical Scrubs: XS, S, Med, LG, XL, XXL

Dates of course for which you are applying? \_\_\_\_\_

How did you hear about Liposuction 101? \_\_\_\_\_

**Text Book:** Tumescant Technique, by Jeffrey Klein, Mosby, 2000, should be read prior to the course.

**Refund Policy:** If notice of cancellation is given by the application at least 3 weeks prior to the course starting date, then the deposit will be refunded. If notice of cancellation is given by the applicant less than 3 weeks prior to course starting date, then the entire deposit will be forfeited. However if it is possible to find a replacement student then only \$100 will be forfeited. If Jeffrey Klein, MD Inc cancels the course, entire deposit will be refunded.

**CME Credit:** This course does not provide any CME credits.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_