



Physicians Application for Enrollment

Please print and submit this application by Fax: 949-248-9339 or Email to 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.

Concurrent Nursing Course: Fees for the Nursing TLC (\$2,500) will be waived if the nurse is attending the course with a physician. Requires \$500 deposit which will be refunded upon completion of the course by the nurse. Space limited to 5 applicants (first come, first serve basis).

Signature of applicant _____ Date _____