**Alumni Bios**

Your profile will be used in the Career Counseling website for all medical students.

Please complete and return as a **Word** Document directly to

**EmoryDOCS (MD.careerservices@emory.edu)**

**Name:**

**Email:**

**Undergrad Institution; Degree and Major:**

**Year you graduated from Emory SOM:**

**In practice since:**

**Your Specialty:**

**Where and for how many years did you train AFTER medical school:**

**How did you choose your specialty?**

**What do you like MOST, and like LEAST, about your specialty?**

**In your opinion, what attributes are important in anyone choosing this specialty?**

**Hobbies/special interests:**