

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: