



MOUNT SINAI
SCHOOL OF
MEDICINE

Department of
Dermatology

Mount Sinai School of Medicine
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Masters in Dermatology Department of Dermatology - Mount Sinai School of Medicine

INSTRUCTIONS:

In order for your application to be considered, please submit a completed copy of this application form, your application fee (\$55 non-refundable check payable to the *Department of Dermatology*) along with the following documents discussed in the introduction letter to:

Mount Sinai School of Medicine
Department of Dermatology
Attn: Dermatology Masters Program
1425 Madison Avenue, L2-28
One Gustave L. Levy Place Box 1047
New York, NY 10029-6574

Phone (212) 659-9530
Facsimile (212) 348-7434
E-mail:
Jose.Gonzalez@mountsinai.org

We request that you collect and send all of the above mentioned application materials in one envelope.

Following a review of your application and letters of recommendation, you will be contacted if an invitation to interview is to be extended by the Program Director. The deadline for applications is December 1st for the following academic year (starts July 1st).

For questions regarding the program or application process, please contact:

Mount Sinai School of Medicine
Dept. of Dermatology
Box 1047, One Gustave Levy Place
New York, NY 10029-6574

Masters in Dermatology Program

APPLICATION FOR ADMISSION

PERSONAL DATA:

Applicant Name: _____ Female Male
First Middle Last Gender (please check one)

Date of Birth: _____ **Social Security Number:** _____ - _____ - _____

Preferred Mailing Address: _____

Telephone Daytime: _____ **Evening:** _____

E-Mail Address _____

Place of Birth (City/State or Foreign Country) _____

Are you a US citizen? Yes No

If you are a non-US citizen currently in the US, what is your immigration status?

Permanent resident (provide Alien Registration #) _____

Student (F-1) Exchange Visitor (J-1)

Tourist (B-1) Other (please specify) _____

EDUCATION

List chronologically all institutions attended beyond secondary school.

College or University Major/Degree Date of Graduation

AWARDS AND HONORS

Please list all post-secondary school Awards and Honors:

Is English your first language? Yes No

Applicants for whom English is a second language should provide evidence of English language competency (e.g. TOEFL score, other standardized test, or explanation)

Masters in Dermatology Program

APPLICATION FOR ADMISSION

WRITTEN STATEMENT

On a separate sheet of paper please describe why you have elected to pursue a fellowship in Procedural Dermatology. The following criteria will be used in evaluating candidates: reasons for attending this program, past research experience, publications, presentations at national and international meetings, and career goals.

Have you ever been convicted of a crime or offense other than a minor traffic violation? Yes No

If yes, please list convictions and attach an explanation on a separate sheet of paper.

Are there any arrests or criminal proceedings currently pending against you? Yes No

If yes, please explain the nature of such arrests/proceedings on a separate sheet of paper.

If you are a US citizen or permanent resident, please indicate your race/ethnicity. This information is being collected to assist Mount Sinai School of Medicine in meeting federal reporting requirements. Select one or more of the following designations.

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin", can be used in addition to "Hispanic or Latino."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I certify that the information entered on this application is complete and correct. I understand that omission or falsification of information may constitute grounds for denial of admission or dismissal.

Applicant's Name (Print)

Signature

Date

It is the policy of the Mount Sinai School of Medicine that all decisions regarding educational and employment opportunities and performance are made on the basis of ability and qualifications without regard to race, religion, sex, color, creed, age, national origin, citizenship status, disability, veteran status, marital status, or sexual orientation, in compliance with federal, state and municipal laws.