



MOUNT SINAI  
SCHOOL OF  
MEDICINE

**Department of  
Dermatology**

Mount Sinai School of Medicine  
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

## **Procedural Dermatology Fellowship 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: Procedural Dermatology  
Fellowship  
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 Fellowship Program Director.

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

# Procedural Dermatology Fellowship 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)*

# Procedural Dermatology Fellowship 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.**

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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.