



Johns Hopkins Department of Dermatology
Ethnic Skin Program

Johns Hopkins Department of Dermatology Diversity Clerkship Award Application

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

GENDER: _____

DOB: _____

MEDICAL SCHOOL: _____

CLASS YEAR: _____ STEP 1 SCORE: _____

RACE/ETHNICITY (please circle):

Caucasian/European/White

Black/African American/African

Hispanic/Latino: (Describe) _____

Native American:(Describe) _____

Pacific Islander: (Describe) _____

Other: (Describe) _____

YES NO Do you intend on applying for a Residency in Dermatology?



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Additional components of application:

1. CV
2. Letter of Recommendation (from medical school and/or physician advisor)
3. Medical School Transcript
4. Letter of Interest (1 page)
 - a. Please include why you would like participate in an elective in dermatology at Johns Hopkins, your career goals/interests, and a statement of financial need as part of this letter.