



SUPPLEMENT TO APPLICATION FOR BOSTON MEDICAL CENTER / BOSTON UNIVERSITY
DERMATOLOGY RESIDENCY (FOR RESIDENCY BEGINNING JULY 1, 2025)

Please provide answers to all the following questions:

- 1) Tell us why you are specifically interested in our academic training program in dermatology. What would you hope to someday contribute to our specialty?
- 2) Tell us why you are interested in training at Boston Medical Center/Boston University/Boston area. What features of our institution and/or the City of Boston fit with your interests and goals?
- 3) Provide your definition of integrity and detail a time where you demonstrated this trait.
- 4) The coronavirus pandemic was life changing for all of us. Describe how you contributed to your medical center or community or family during this crisis.
- 5) Boston Medical Center is the safety net hospital of Boston. A large proportion of our patients are socioeconomically disadvantaged. Tell us about your experience and/or interest in working with underserved communities.

Please be sure to include your name and AAMC#, and to number your responses accordingly. Supplement files should be sent as ONE Word document or PDF (preferred) labeled with your last name and AAMC# in the following format: LastNameAAMC#.pdf. Please upload via ERAS by **October 11, 2023, 5:00 PM EST.**