



Department of Dermatology

**SUPPLEMENT TO APPLICATION FOR BOSTON UNIVERSITY /
BOSTON MEDICAL CENTER DERMATOLOGY RESIDENCY APPLICATION
(FOR RESIDENCY BEGINNING JULY 1, 2026)**

Please provide answers to all of the following questions:

- 1) Question: What are your clinical interests within Dermatology? What would you hope to someday contribute to our specialty?
- 2) Question: Do you have any geographic ties to Boston or other connections to the city or our institution?
- 3) Question: 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. Supplements should be sent as ONE Word document or PDF (preferred) labelled with your last name and AAMC# in the following format: LastNameAAMC#.pdf. **Please send via ERAS message by Oct 9, 2024 at 5pm EST.**