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## **Supplemental Application for Fellowship in Rheumatologic Dermatology at Boston University Medical Center**

Please address the following questions in your statement. After completion, please send this document, curriculum vitae, USMLE transcripts, and three letters of recommendation to Ms. Katie Galek at [dermtrng@bu.edu](mailto:dermtrng@bu.edu).

- 1) Please tell us about yourself.
- 2) Why are you interested in this position?
- 3) What are your career goals?