

## 5 easy steps to apply

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1. Complete the application form
2. Send a personal statement or cover letter which includes why you want to visit our program, your long term professional goals as well as what you hope to achieve from the experience
3. Curriculum Vitae or Resume
4. Email or fax back to [agilbe13@jhmi.edu](mailto:agilbe13@jhmi.edu)

## MEDICAL GENETICS APPLICATION FORM FOR CLINICAL EXPOSURE please type or print clearly

**\*Required fields**

<p><b>*You are requesting an unpaid position in a:</b></p> <p><input type="checkbox"/> Clinical Rotation  <input type="checkbox"/> Laboratory Rotation  <input type="checkbox"/> Medical School Elective  <input type="checkbox"/> Physician Assistant Elective  <input type="checkbox"/> Observer in clinic</p> <p>For which dates:  From: _____ To: _____</p>	<p><b>*Which program are you <u>currently</u> enrolled:</b></p> <p><input type="checkbox"/> Medical School (Year: _____ )  <input type="checkbox"/> Residency (PGY _____ )  <input type="checkbox"/> PhD training  <input type="checkbox"/> MS Training  <input type="checkbox"/> PA Training  <input type="checkbox"/> Undergraduate Training  <input type="checkbox"/> Other:  Have you ever attended JHU? If so when: _____</p>	<p><b>*Your estimated date of graduation from your current program:</b></p> <p>_____</p> <p>Did a mentor or colleague refer you to our program? If so who: _____</p>
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<p><b>*Name</b> Last First Middle</p>		<p><b>*Present Address (Full mailing address)</b></p>	
<p><b>*Telephone (Home)</b></p>	<p>Telephone (other)</p>	<p>Social Security Number</p>	
<p>Permanent Home Address</p>		<p><b>*Email Address(es)</b></p>	
<p>Birth date (MO)(DAY)(YEAR)</p>	<p><b>*Place of birth</b></p>	<p><b>*Citizenship</b></p>	<p>If non-citizen, date of entry into U.S.</p>
<p><b>*If non-citizen, type of Visa held (Exchange Visitor, Immigrant, J-1tc.)</b></p>			

**EDUCATION:**

*University	Name Address	From	To	Degree
	Name Address	From	To	Degree
Medical School (if applicable) Or Physician Assistant Program	Name	From	To	Degree
	Address			
Clinical Rotation Experience:				

*Residency or Fellowship	Hospital/School	From	To	Field
		City and State		
	Hospital/School	From	To	Field
		City and State		
*Graduate School	University Address	From	To	Degree
	Field			

The following must be completed if you are a **non-US citizen/non-Johns Hopkins Student**:

- If a graduate of a foreign medical school, have you obtained certification from the Educational Commission for Foreign Medical Graduates? (Circle) Yes or No
- For clinical rotations you must have a J-1 ECFMG sponsored visa. (Circle) Yes or No
- If you are still in training your school must have a reciprocity agreement with JHU. This must be approved by the office of Postdoctoral Programs. Once we have approved the rotation medical students will be responsible for contacting our credentialing officer. We will provide this contact information.

**We will contact you if we require you to also send:**

5. References: Please obtain at least two letters of recommendation. These can be sent directly to the address at the top of the first page or electronically via email.

*Please fax or email this form attention: Adel D. Gilbert fax: (410)614-0213 email: [agilbe13@jhmi.edu](mailto:agilbe13@jhmi.edu)*

*For more information:* <http://www.hopkinsmedicine.org/geneticmedicine/>