

WOMEN'S DERMATOLOGIC SOCIETY Career Development Award Application



** You must be a member of the WDS for at least three years post-residency to apply for this award!

I. APPLICANT INFORMATION

Name _____
E-Mail _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Current Job Description (i.e., private practice, faculty... etc.)

Have you ever applied for a Career Development Award with WDS in the past?

Yes No

If yes, were you accepted?

Yes No

II. MENTOR OR COURSE FACILITY INFORMATION

Name _____
E-Mail _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Area of Expertise _____

Focus / Program Title: _____
Beginning Date _____
Ending Date _____
Location _____

III. BUDGET REQUEST

You may attach a separate budget worksheet if you wish.

Tuition / Fees	_____
Transportation	_____
Lodging	_____
Food	_____
Other (describe)	_____
TOTAL REQUEST	\$ _____

IV. STATEMENT OF PURPOSE TO INCLUDE THE FOLLOWING POINTS: *(Please attach additional pages)*

- In your Statement of Purpose, describe your career development goals.
- Describe the goal(s) of the proposed development program and any specific project planned.
- How do you envision this development program will impact your future career development in dermatology?
- How will this experience specifically help prepare you to be a leader in dermatology?

V. CURRICULUM VITAE *(Please attach)*

VI. 2 LETTERS OF REFERENCE

one from potential mentor that defines the content of the development program with the beginning and ending dates (or a copy of the Course Program Brochure) and a letter of recommendation from a WDS Member. *(May be sent separately)*

Women's Dermatologic Society Career Development Committee

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