HELP COURSE - 2019 APPLICATION FORM

 Health Emergencies in Large Populations

Johns Hopkins University Bloomberg School of Public Health

Summer Institute

July 8-26, 2019

**Admissions/application deadline**: The final application deadline is noon U.S. Eastern Standard Time on June 22, 2019, after which there is an extra $100 fee to register. However, HELP applications are accepted on a rolling basis, and admissions may close if the course capacity is reached.

PERSONAL INFORMATION (*Please print or type and attach a brief personal Curriculum Vitae*)

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I. Last Name Jr., Sr., II, III

Gender: Male \_\_\_ Female \_\_\_

Academic Degree for Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. M.D., Ph.D., M.P.H., etc)

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of Birth is required of all students. SSN is required of all US citizens and US legal residents.)

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address (please provide a **complete** mailing address): Home \_\_\_ Work \_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State/Prov Zip/Postal Code

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Area Code/Number

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State/Prov Zip/Postal Code

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Area Code/Number Area Code/Number

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Email is required to be a personal email address at which the applicant can be reached directly, not an organizational email address.*

PROFESSIONAL EXPERIENCE (Start with current position)

 Employer Position/Title Activities Dates (mm/yyyy)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL BACKGROUND (Start with most recent university/college degree)

 School Area of Concentration Degree Year Received

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JHU AFFILIATION (Check all that apply)

🞏 Alumnus 🞏 Employee 🞏 Attended Previous Continuing Education Course/Institute

Are you currently enrolled in a degree program at the Johns Hopkins University? Yes \_\_\_ No \_\_\_

 If Yes, which department and degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in a degree program at another university? Yes \_\_\_ No \_\_\_

 If Yes, name of school and degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS: If you have special needs or required disability assistance, please notify the course coordinator via email at helpcourse.jhsph@gmail.com

How did you hear about the H.E.L.P. Institute?

🞏 Previous Participants 🞏 Brochure 🞏 Website 🞏 Word of Mouth 🞏 School of Public Health Brochure 🞏 Advertisement 🞏 Email

🞏 Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAY:** Please attach a short essay (max 500 words) that describes your desire for attending the HELP course and how it will impact your future career goals.

APPLICANT SIGNATURE

I hereby certify that the information given by me on the various sections of this application are complete and accurate in every respect, and I understand that any misrepresentations may be cause for denial of registration or revocations of academic credits. While attending the Institute, I will adhere to all rules and regulations applicable to students of the Johns Hopkins Bloomberg School of Public Health, including but not limited to the Student Conduct Code and the Student Academic Ethics Code.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF REGISTRATION

\_\_\_ Academic Credits (5): $5,455

\_\_\_ Non-Credit: $2,000

PAYMENT

Non-Refundable Deposit Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($300 minimum)

Balance Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by noon EST June 2, 2019 or at time of registration thereafter

Bank Transfer

M & T Bank
One M&T Plaza
Buffalo, NY 14203
SWIFT Code: MANTUS33INT
Transit/Routing/ABA# 022000046
Account number: 970370230
Type of Account: Checking
CHIPS ABA number IF remitter requests it: 0555​

*\* Please include a cover letter with the transfer that has your name and a note that payment is for the HELP course.​​ Once the transfer is initiated, please send a copy of the transfer slip along with your application. The transfer must be received by Hopkins prior to registration.*

Check

Johns Hopkins University
Bloomberg School of Public Health
615 N. Wolfe St, Suite W1101
Baltimore, MD 21205

*\* Please make sure your name is on the check and include a note that payment is for the HELP course.​​*

DEADLINES, PAYMENT, AND VISA POLICIES

Applications are processed on a rolling basis in the order that they are received until the course capacity is reached, so early application is encouraged. The final application deadline is noon EST on June 22, 2019, after which an extra $100 fee is assessed for registration. Applications must be accompanied by a non-refundable deposit of $300, which will guarantee your place in the course. The visa process can vary greatly per country and can be very lengthy, taking at least 3-6 months, so applicants are encouraged to submit applications/payment early enough to allow time for the visa process. The balance of the course tuition must be received on or by noon EST June 22, 2019. For individuals registering after June 22, the full tuition payment is due at the time of registration. Refunds, excluding deposits, will be issued by written request if received before June 22, 2019. In-person payment after arrival to the U.S. is not permitted.

APPLICANT SIGNATURE

I sign certifying that I have read and agree to the policies regarding deadlines, payment, and visas.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronic Submission:** Please send your application, C.V., and proof of payment as separate email attachments to the HELP Course Coordinator at helpcourse.jhsph@gmail.com..