**H.E.L.P. COURSE – 2025 APPLICATION FORM**

Health Emergencies in Large Populations

Johns Hopkins University Bloomberg School of Public Health

July 14-25, 2025

**Admissions/application deadline**: The final application and payment deadline is 12pm U.S. Eastern Time on June 13, 2025. However, H.E.L.P. applications are accepted on a rolling basis, and admissions may close earlier if the course capacity is reached.

Personal Information

Title: \_\_\_\_\_\_ Gender: \_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth (mm/dd/yyyy):

First M.I. Last Name

What is your current work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred Mailing Address (please provide a **preferred** mailing address): 🞏 Home 🞏Work

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

Street City State/Prov Zip/Postal Code

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal cell phone: (+\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country Code/Number

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

Street or PO Box City State/Prov Zip/Postal Code

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

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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Affiliation (Check all that apply)

🞏 JHU Alumnus 🞏 JHU Employee 🞏 Attended Previous JHU short courses

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](mailto:helpcourse.jhsph@gmail.com)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why Do You Want to Attend the H.E.L.P. Course?** Please tell us in less than 500 words what work you have been doing and why you want to attend the H.E.L.P. course. Is related to your future career goals.

My Signature below certifies that:

* The information I have given in this application is correct.
* I understand that part of the HELP course includes recorded pre-course materials which must be completed before the live course begins and includes a short quiz. Failure to complete this required pre-course work will result in my removal from participation in the live sessions held from July 14-25, 2025.
* I understand the attendance stipulations required to earn a certificate of completion from the HELP course. I am allowed a maximum of 1 day absences. Any more absences will prevent me from earning this certificate of completion.
* If I am taking the HELP course for academic credit, I understand that the JHSPH student academic ethics code applies to my work and there are different course fees.

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

TYPE OF REGISTRATION

The HELP course is offered for both academic credit and for non-credit. Our course is 5 JHU credit hours. The tuition rates for both academic credit and non-credit enrollments are found on the JHU Summer Institute website: <https://publichealth.jhu.edu/academics/accelerated-learning-institutes/summer-institutes/general-institute-tuition-information>. Subtracted from this amount for noncredit students is a general scholarship of $1372.50 which is available to all participants of the HELP course.This brings the course cost for July 2025, to $2200. This must be paid by June 13.

There are a very small number of full scholarships available. A full scholarship covers the full cost of the course. However, this will only be available for a few selected individuals in Low- and Middle-Income Countries. Please write to HELP coordinator at helpcourse.jhsph@gmail.com if you wish to apply.

Balance Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by noon USA EST June 13, 2025, or at time of registration and acceptance.

In order to secure a place for this course, we encourage to apply (and pay once accepted) well before the deadline.

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

Student Accounts Operations

Johns Hopkins University

Garland Hall, B075

3400 N. Charles Street

Baltimore, MD 21218*\* Please make sure your name is on the check and include a note that payment is for the HELP course.​​*

DEADLINES, AND PAYMENTS

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 and payment deadline is noon USA Eastern Time on June 13, 2024. The balance of the course tuition must be received on or by noon USA ET June 13, 2024. Refundswill be issued by written request if received before the final payment deadline.

APPLICANT SIGNATURE

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

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

**Electronic Submission:** Please send your application, CV/resume, and proof of deposit payment as separate email attachments to the H.E.L.P. Course Coordinator at [helpcourse.jhsph@gmail.com](mailto:helpcourse.jhsph@gmail.com). **Your application will not be reviewed until all three components have been received**.