



# Anaplastology Training Applicant Profile

The Johns Hopkins University School of Medicine  
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 Web: <http://www.hopkinsmedicine.org/medart/prostheticstraining>

Date \_\_\_\_\_

**Desired Training:**

- Facial Prosthetics  
 Ocular Prosthetics

**Name**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Present Address**

\_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**Home Address**

\_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**Date of Birth**

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Citizenship**  U.S. Other \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Start month/year** \_\_\_\_\_

**Length of study** \_\_\_\_\_

**Are you**  left-handed  right-handed

**Spoken**

**Languages** \_\_\_\_\_

**Optional Information**

- Male  Female  
 Black (non Hispanic)  Native American  
 White (non Hispanic)  Asian or Pacific Islander  
 Hispanic  Indian or Pakistani

**List below Colleges or Universities in which you have studied:**

Institution	Dates Attended	Degree	Date	Major	G.P.A.
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____

**Record your completion of Educational Prerequisites:**

Science	Course Title & No.	Grade Lec/Lab	Dates Month & Year	Academic Institution
Vertebrate Anatomy	_____	_____	_____	_____
Vertebrate Physiology	_____	_____	_____	_____
Chemistry	_____	_____	_____	_____
Histology	_____	_____	_____	_____
<b>Art</b>				
General Drawing	_____	_____	_____	_____
Figurative Drawing	_____	_____	_____	_____
Figurative Sculpting	_____	_____	_____	_____
Color Media (medium)	_____	_____	_____	_____
<b>Other</b>				
English Composition	_____	_____	_____	_____
<b>Preferred Skills</b>				
Digital Media	_____	_____	_____	_____
CPR Certification	_____	_____	_____	_____
Dental Laboratory	_____	_____	_____	_____

**List below any Professional Certifications you have received:**

Credential Initials	Credential Title	Certifying Body	Period of Certification
_____	_____	_____	_____
_____	_____	_____	_____

**List below any Professional Organizations to which you belong:**

Organization Name	Initials	Membership Category	Period of Membership
_____	_____	_____	_____
_____	_____	_____	_____

**List below your most recent Clinical Work Experience:**

Organization Name	City/State/Country	Period of Experience
_____	_____	_____
_____	_____	_____

**Number of years of Unsupervised Clinical Work Experience:** \_\_\_\_\_ **Number of years of Supervised Clinical Work Experience:** \_\_\_\_\_

# PORTFOLIO IDENTIFICATION FORM

Candidate Name \_\_\_\_\_

## PORTFOLIO GUIDELINES

A portfolio may be submitted throughout the year in PDF digital format or as a PowerPoint file on a CD-R, along with an Applicant Profile. Only properly identified artwork will be reviewed. Please refer to specific Portfolio Guidelines and Requirements posted on the program website.

## ARTISTIC PORTFOLIO REQUIREMENTS

15-20 Examples of all 5 required art categories: General Drawing, Figure Drawing, Figurative Sculpting, Color Media, and Digital Media

- A minimum of 5 figure or portrait drawing studies
- A minimum of 3 figure or portrait sculpting studies
- A minimum of 3 color media pieces
- A minimum of 2 digital media pieces (drawing or painting)
- Additional examples may include: traditional sculpture, 3D digital sculpting, 3D digital modeling, prints, or multimedia presentations
- Source of Artistic examples: (L)-Life, from direct observation or (P)-photograph

## CLINICAL PORTFOLIO REQUIREMENTS

10 photographic examples of clinical work.

- Before and after photos on patient are preferred. One patient per example. Multiple views per example are allowed.
- Photos of a prosthetic device alone without the patient are acceptable. Multiple views per example are allowed.
- Please provide the best appropriate views to judge the quality of work, especially on before and after photos.
- Source of Clinical examples: (S)-Sole Creator or (C)-Collaborative Piece

No.	File Name* (01Smith.jpg)	Title or Assignment	Medium	Original Size (w" x h")	Date (mo/yr)	Source (L,P,S, or C)
01						
02						
03						
04						
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### Additional Detail Images

The Admissions Committee is interested in viewing artistic details and subtleties of your work. Therefore, you may include an enlargement or detail of selected images.

File Name* (01Smith+d.jpg)	Detail of Title or Assignment	File Name* (01Smith+d.jpg)	Detail of Title or Assignment