

# Visiting Electives Program for Students Underrepresented in Medicine\* Application

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I am currently a \_\_\_\_\_ year student in a \_\_\_\_\_ year program.

Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Citizenship \_\_\_\_\_

**Included with application:**

- \_\_\_\_\_ Curriculum Vitae
- \_\_\_\_\_ Official Medical School Transcript
- \_\_\_\_\_ USMLE Step 1 Score (Score Card)
- \_\_\_\_\_ Letter of Recommendation from the Dean
- \_\_\_\_\_ Letter of Recommendation from a faculty member at the student's school in the department to which the student is applying

**Self-Description:**

THIS INFORMATION MUST BE PROVIDED

- \_\_\_\_\_ Hispanic (Mexican, Chicano or Mainland Puerto Rican)
- \_\_\_\_\_ Other Hispanic (Cuban, Dominican, Other)
- \_\_\_\_\_ Black/African-American (not of Hispanic origin)
- \_\_\_\_\_ Native American, Asian Pacific Islander

Medical School \_\_\_\_\_

**GENDER**

\_\_\_\_\_ Male    \_\_\_\_\_ Female

**Please complete your elective choices.  
(Rank 1-3)**

**Elective Choice**

**Institution**

**Dates**

1 \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**For Official Use Only:** Elective # \_\_\_\_\_ Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_

\*The Association of American Medical Colleges (AAMC) definition of underrepresented in medicine is: "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." <http://www.aamc.org/meded/urm/start.htm> (July 2005)

This section is to be filled out by the Dean or comparable school official of medical school where student is enrolled. (Please circle appropriate underlined choice)

This medical student is in good standing at this institution. **He/She will/will not** pay tuition at our institution during the period indicated. Personal health coverage **is/is not** in effect while the student is away from our school. Malpractice insurance **is/is not** in effect while the student is attending the elective.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)