

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 ()_____ 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

Citizenship_____

Medical School_____

Gender
___ Male ___ Female

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
- _____ Photo (optional)

Please complete your elective choices.

(Rank 1-3)

Elective Choice Institution Dates

1 _____ From _____ To _____

2 _____ From _____ To _____

3 _____ From _____ To _____

Will you require housing? ___Yes ___ No

This section is to be filled out by the Dean or comparable school official of medical school where student is enrolled.

This medical student is in good standing at this institution ___ Yes ___ No

Personal health coverage is in effect while the student is away from our school ___ Yes ___ No

Malpractice insurance is in effect while the student is attending the elective ___ Yes ___ No

Name of School Official(please print) Title of School Official

Signature Date

•••• Return form to: GME Office, Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1076, New York, NY 10029 ••••

For Official Use Only: Elective # _____ Approved By _____ Date Approved _____