



Lucile Packard Children's Hospital at Stanford Department of Pediatrics

Application for Visiting Clerkship for Underrepresented Minority Medical Students

Section 1: Student Data

Name:			Gender: F M
Last	First		M.I.
Address:			
Street		City/State/	Zip code
Phone: ()		DOB:	
Email:			
Medical School:			
Start Date (Month/Year)	Aı	nticipated Degree (e.g	., MD, MD-PhD):
Anticipated Date of Grad	luation (Month/Year): _		
Pediatric rotations compl	eted to date:		
Graduate School (if applicab	le):		
Date of Graduation (Month/S	Year):	Degree Earned	(e.g., MPH, MBS):
Undergraduate School:			
Date of Graduation (Month/	Year):	Degree Earned	(e.g., B.A., B.S.):
		•	
USMLE Step 1 Score:	US	MLE Step 2 CK Scor	e (if available):
COMLEX 1 Score (if applica	able): Co	OMLEX 2 score (if ag	oplicable/available):





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Section 2: Rotation Requests

The funded visiting clerkship will be available from August through November 2016. The dates below are the start and end dates of each rotation.

Please rank your rotation preferences from 1 to 3 (1 = most preferred, 3 = least preferred):

Rotation A: Rotation B: Rotation C:	Rotation B: September 19 – October 16, 2016 (Period 4)				
	te place on our inpatient floors or in	onth as a sub-intern or in an elective rotation. In the NICU or PICU. Elective rotations take			
Rotation Preference	e:	(Sub-internship or Elective)*			
Please complete the fol	lowing based on your indicated rot	tation preference.			
<i>LPCH Sub-internship:</i> Inpatient Pediatrics Floor (general pediatrics, hematology/oncology, other subspecialty) or NICU or PICU.					
Please list 3 in order of preference (1 = most preferred, 3 = least preferred).					
First Choice		during			
Second Choice		during			
Third Choice		during			
or					
LPCH Elective (cardiology, endocrinology, or infectious disease).					
Please list 3 in order of preference $(1 = most preferred, 3 = least preferred)$.					
First Choice		during			
Second Choice		during			
Third Choice		during			

^{*} Of note, all applications are reviewed together, and selection for the Clerkship is not based on your preference of a sub-internship vs. elective rotation. All applicants are in the same pool regardless of rotation preference. We will do our best to give you the preferred rotation, but this will be dependent on rotation availability.





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Section 3: Supplementary Documents

In addition to completing this application form, please submit the following items:

- Personal statement discussing career goals
- One letter of recommendation (preferably from a pediatric attending)
- Curriculum Vitae
- Official medical school transcript

Section 4: Stanford University School of Medicine Visiting Clerkship Application Packet

Complete the Stanford University School of Medicine's Visiting Clerkship Application form, Dean's letter, and application checklist with required documentation. Instructions can be found on the website http://med.stanford.edu/clerkships/apply.html. Note: The \$200 fee has been waived for the URM clerkship program.

Section 5: Submit the Application Packet

The application deadline for the Visiting Clerkship for Underrepresented Minority Medical Students is <u>Friday</u>, <u>April 1</u>, <u>2016</u>. Those accepted for the program will be notified by Tuesday, April 5, 2016.

Please send your LPCH and Stanford University School of Medicine application materials to:

LPCH Underrepresented Minority Recruiting Committee Attn: Carrie Johnson, Pediatric Residency Coordinator Lucile Packard Children's Hospital 725 Welch Road, Mail Code: 5906 Palo Alto, CA 94304

E-mail: cajohnson1@stanfordchildrens.org

Telephone #: 650.497.8134