**Diversity Visiting Medical Student Subinternship Program Application Form**

**Applicant Information**

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| --- |
| Name: |
| Address: |
| City/State/Zip: |
| E-mail: |
| Phone number: |
| Race/ethnicity: |

**Medical Education**

|  |
| --- |
| Medical school: |
| Expected graduation date: |

**Additional Information**

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| --- |
| Birth Date: |
| Birthplace: |
| Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, licensing board, medical disciplinary board, professional association, or educational/training institution? |
| Yes (if yes, please explain on a separate page)  No |

**Rotation Requests**

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| --- |
| Please rank your preferences regarding rotation type (1=highest preference)  Adult Psychiatry Subinternship  Child and Adolescent Psychiatry Subinternship |
| Please rank your preferences regarding rotation dates (1=highest preference, 4=lowest preference)   |  |  | | --- | --- | | 07/26/21- 08/20/21 | 09/27/21 - 10/22/21 | | 08/23/21 - 09/17/21 | 10/25/21 - 11/19/21 | |

**Required documents checklist (in addition to this application form)**

|  |  |
| --- | --- |
|  | Letter of interest |
|  | Curriculum Vitae |
|  | Letter of recommendation |
|  | Medical school transcript |

Application deadline is May 15, 2021 | Please send all application materials to: hcombs@uw.edu