

UWMedicine

DEPARTMENT OF
PSYCHIATRY AND
BEHAVIORAL SCIENCES

APPLICATION FORM

Last Name *First Name* *Date of Birth*

Current address *City* *State* *Zip*

Permanent address *City* *State* *Zip*

Email *Phone*

Please select first and second choice of rotation date:

July 28 - August 22, 2025: 1st choice 2nd choice

August 25 - September 19, 2025: 1st choice 2nd choice

Your Current Medical School:

Current Year at your Medical School:

3 4 Other (please specify): _____

Expected Date of Graduation:

Board Scores

Step 1 (if available) _____ Pass Fail

Step 2 (if available) _____

COMLEX Level 1 _____

COMLEX Level 2 _____

Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, medical disciplinary board, or education/training institution?

No

Yes. Please explain: _____

How did you learn about this program? _____

Personal Statement

Please describe why you are interested in the Psychiatry and Behavioral Sciences Scholars Program at the University of Washington. Please also include:

1. Your lived experiences of overcoming significant barriers and/or disadvantages you have faced on becoming a physician.
2. How you have demonstrated a commitment to advancing and advocating for those disadvantaged in medicine.
3. Indicate any connection to WA state if applicable.

1500 word limit, attach separate page.

Application deadline is **March 30, 2025** | Please send all application materials to:
psystudent@uw.edu