

**DIVERSITY VISITING MEDICAL STUDENT SUBINTERNSHIP PROGRAM  
 APPLICATION FORM**

<b>Applicant Information</b>
Name:
Address:
City/State/Zip:
E-mail:
Phone number:
Race/ethnicity:

<b>Medical Education</b>
Medical school:
Expected graduation date:

<b>Additional Information</b>
Birth date:
Birth place:
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?
<input type="checkbox"/> Yes (if yes, please explain on a separate page) <input type="checkbox"/> No

<b>Rotation Requests</b>
Please rank your preferences regarding rotation type (1=highest preference) <input type="checkbox"/> adult psychiatry subinternship <input type="checkbox"/> child and adolescent psychiatry subinternship
Please rank your preferences regarding rotation dates (1=highest preference, 4=lowest preference) <input type="checkbox"/> 8/20-9/14/18 <input type="checkbox"/> 9/24-10/19/18 <input type="checkbox"/> 10/22-11/16/18 <input type="checkbox"/> 11/19-12/14/18

<b>Required documents checklist (in addition to this application form)</b>	
<input type="checkbox"/>	Letter of interest
<input type="checkbox"/>	Curriculum Vitae
<input type="checkbox"/>	Letter of recommendation
<input type="checkbox"/>	Medical school transcript

Application deadline is June 1, 2018.  
 Please send all application materials to: [dcowley@uw.edu](mailto:dcowley@uw.edu)