## Applicant Information *(please type answers if possible)*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |
| --- | --- |
| Medical School |  |
| Gender Identity  & Pronouns |  |
| Race & Ethnicity |  |

## Rotation Dates

The funded rotation will be available from June through December 2024. Please rank your rotation date preferences from 1 to 6, with 1 denoting your highest and 6 denoting your lowest preference. Leave unavailable dates blank.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Summer A 6/24-7/19/24 |  | Autumn A | 9/16-10/11/24 |  |
| Summer B 7/22-8/16/24 |  | Autumn B | 10/14-11/8/24 |  |
| Summer C 8/19-9/13/24 |  | Autumn C | 11/11-12/6/24 |  |

## Specialty Request

Please specify your desired elective from 1 to 5, with 1 denoting your highest preference and 5 denoting your lowest preference.

|  |  |
| --- | --- |
| Inpatient Acting Internship (1 guaranteed spot available each block) |  |
| Nephrology (1 guaranteed spot will be offered; other blocks will be based on availability) |  |
| Inpatient Hematology-Oncology (1 guaranteed spot will be offered; other blocks will be based on availability) |  |
| Emergency Medicine (based on availability) |  |
| Infectious Disease (based on availability) |  |
| Other Subspecialty Elective, e.g., Pulmonology (based on availability - please include your preference): |  |

## Supplementary Application Items Checklist

|  |  |
| --- | --- |
| In addition to completing the above form, please submit the following items:   * Brief statement of interest in Pediatrics and the visiting rotation (1 page limit). Consider the following prompts when writing:   + What personal attributes, life experiences, strengths, and/or challenges impact your future as a physician in interacting effectively with diverse patients and your peers   + Describe an experience in which you have encountered or confronted inequities in the health sciences   + Discuss your motivation and interest in Pediatrics, considering how you will contribute to diversity, equity, and/or inclusivity in the field * One letter of recommendation (preferably from a Pediatric attending) * Curriculum vitae * Official medical school transcript * University of Washington School of Medicine’s visiting student clinical elective application (This should be started prior to acceptance to avoid delaying the start of the rotation)   <https://www.uwmedicine.org/school-of-medicine/visiting-students-program>  **Application deadline is June 21, 2024**  We strongly prefer that application items are submitted via email to the UW Pediatrics Residency Diversity Committee: [Uwpeds@seattlechildrens.org](mailto:Uwpeds@seattlechildrens.org) (Subject line: Diversity Visiting Elective)  Mailing address for items sent via physical mail (transcript, letter of recommendation):  UW Pediatrics Residency Diversity Committee  Attn: Scott Olson, Residency Manager Graduate Medical Education  4800 Sand Point Way NE, MS OC.7.830 Seattle, WA 98105-0371 |  |
|  |  |