

**Visiting Scholars Program (VSP) – 2022 Application**

<https://medicine.uw.edu/education/students/visiting-scholars-program>

**Instructions for Applicant**

**Please submit the following materials:**

[ ]  Completed VSP Application

[ ]  Record Step 1 score, Step 2 CK score (if available) and Medicine Clerkship Grades

[ ]  Personal Statement (contained within the VSP application)

[ ]  Current Curriculum Vitae (CV)

[ ]  Copy of medical school academic transcript

[ ]  Letter of Recommendation from a faculty member who can speak to your Internal Medicine clinical skills

**PDF format for all submitted materials is preferred**

**Please note that students accepted to the VSP program will then need to register and upload UWSOM credentialing paperwork to the Visiting Student Application Service (VSAS). Instructions will be sent to you if accepted.**

**Info:** [**https://www.uwmedicine.org/school-of-medicine/visiting-students-program**](https://www.uwmedicine.org/school-of-medicine/visiting-students-program)

**Email VSP application, personal statement, transcript and LOR to:**

University of Washington Department of Medicine Visiting Scholars Program

Visiting Student Program

UW School of Medicine

HSC-A300, Box 356340

1959 NE Pacific St.

Seattle WA 98195 email: domvsp@u.washington.edu

If there are any questions or concerns, please contact the program director

Daniel Cabrera, MD, MPH – VSP Director

UW Division of General Internal Medicine

325 9th Ave

Seattle, WA 98104

email: dancab@u.washington.edu

**VSP APPLICATION FORM**

*Data collected is kept private and used to ensure that we are being inclusive and equitable. To type your information on this page, use your mouse to go to grey box on the form. Enter text, or use your mouse to click the appropriate check box.*

*In accord with the University of Washington’s expressed commitment to excellence and equity, the UW Department of Medicine is committed to building a diverse pipeline of*

*Faculty, Residents and Staff.*

**Applicant Info:**

Last Name First Name

Primary Email Alternate Email

Mobile Phone Number Another Phone Number

Current address City State Zip

Permanent address City State Zip

**Place of Birth:**

**Hometown:**

**Citizenship:**

**[ ]** U.S. Citizen **[ ]** U.S. Noncitizen National **[ ]** Permanent Resident of U.S.

**What is your Gender?** Check as many as you like.

[ ]  Female [ ]  Male[ ]  Transgender [ ]  Non-binary [ ]  Intersex

[ ]  “Let me type”:       [ ]  Prefer not to say

**What are your Gender Pronouns?**

**Your Current Medical School:**

**Current Year at your Medical School** (*please check one*)

**[ ]** 3 **[ ]** 4 **[ ]** Other: please specify:       Expected Date of Graduation:

**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

**Racial and Ethnic Background: How do you identify?** *(Check all that apply)*

African American/Black

[ ]  US-born Black American

[ ]  African (origin in black racial group)

**[ ]** Other Black identity not listed, specify

Latinx

**[ ]** Central American **[ ]** Mexican

**[ ]** Cuban [ ]  South American, specify

[ ]  Puerto Rican **[ ]** Other Latinx identity not listed, specify

Native American

[ ]  American Indian Enrolled or Principal Tribe

[ ]  Native Alaskan

[ ]  Native Hawaiian

Pacific Islander

 **[ ]** Fijian **[ ]** Polynesian

**[ ]** Guamanian **[ ]** Samoan

**[ ]**  Marshallese **[ ]** Tahitian

 **[ ]** Melanesian **[ ]** Tongan

**[ ]** Micronesian **[ ]** Other Pacific Islander not listed, specify

Asian

**[ ]** Bangladeshi **[ ]** Laotian

**[ ]** Burmese/Myanmarese **[ ]** Malaysian

**[ ]** Thai **[ ]** Filipino

**[ ]** Sri Lankan **[ ]** Indonesian

**[ ]** Vietnamese [ ]  Nepali

**[ ]** Other Asian identity not listed, specify

**[ ]** White

**[ ]** European

**[ ]** North African

[ ]  Middle East

**[ ]** Group not mentioned above:

**Disadvantaged Background: [ ]** Yes **[ ]** No

 ***IF YES,*** please explain

**First Generation in Family to Attend College**: [ ]  Yes [ ]  No

**Is there anything else you would like us to know about your background and upbringing?**

**Board Scores –** *please indicate if there were any Fails*

**Step 1**

**Step 2 CK** (if available)

**Medicine Clerkship Grades**

Please report all medicine clerkships and designate the clerkships as Inpatient, Outpatient or Combined Inpatient-Outpatient

Also indicate the grading scale of your school’s clerkships.

*i.e. High Pass (graded as Pass, High Pass or Honors)*

Combined

Inpatient

Outpatient

Sub-Internship

**How did you learn about this program?**

**Personal Statement**

Tell us what has driven you to the field of Internal Medicine. Also indicate why you are interested in participating in a clinical elective at the University of Washington and what types of clerkships would most interest you.

Either cut and paste or type directly into the grey box below.*1500 word limit*