A picture containing text

Description automatically generated

**Visiting Scholars Program (VSP) – 2024 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**

**VSP applicants do not need to complete a general Visiting Student Application Service (VSAS) prior to applying to the VSP. If students are accepted to the VSP program, they will then be asked to register and upload UWSOM credentialing paperwork that any visiting student is expected to complete. Students not accepted to the VSP can still apply to the UWSOM for a regular visiting elective.**

**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](mailto: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](mailto:dancab@u.washington.edu)

**VSP APPLICATION FORM**

*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*

*residents and future faculty.*

*Demographic data collected is kept private and only 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.*

**Applicant Info:**

Last Name First Name

School 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 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?**

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

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

**Step 1 Number of Attempts**

**Step 2 CK** (if available)

**Medicine Clerkship Grades**

Please report all medicine clerkship grades and designate the clerkship 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)*

Inpatient

Outpatient

Combined

Sub-Internship

**Letter of Recommendation**

Please share with us who is writing your letter of recommendation and how they are familiar with your medicine clinical skills.

**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*