

**Visiting Resident Scholars Program (VRSP) application**

Eligibility Criteria:

1. Academic excellence at home institution

2. Currently enrolled in a U.S. Internal Medicine residency program and have an interest in doing a fellowship in one of the selected subspecialties

3. Home Institution continues salary stipend support of Resident during the visiting rotation at the UW.

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| Required documents checklist:  1. Application Form (below) |
| 2. Copy of medical school transcript |
| 3. CV |
| 4. Personal Statement (total of 1 page):  A. Describe your career goals and how a research and/or clinical work experience in Internal Medicine (and all of its subspecialties) augments your plans. Please specify which specialties you are interested in for clinical work during an elective.  B. One of the goals of this scholarship is to foster diversity in the Department of Medicine at UW. Briefly describe your background and career path with regards to opportunities and life experiences that are related to individual, institutional, and societal diversity. |
| 5. Letters of Recommendation. Please provide two letters of recommendation from clinical or research mentors. Although no previous research experience is required, letters from research mentors are welcome if available. |

Application deadline: rolling

**Email VRSP application, personal statement and LOR to:**

**University of Washington Department of Medicine Visiting Resident Scholars Program**

UW School of Medicine, HSC-A300, Box 356340, 1959 NE Pacific St., Seattle WA 98195 email: [domvisres@u.washington.edu](mailto:domvisres@u.washington.edu)

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

Daniel Cabrera, MD – VRSP Interim Director

UW Division of General Internal Medicine, 325 9th Ave, Seattle, WA 98104, email: [dancab@u.washington.edu](mailto:dancab@u.washington.edu)

**VRSP 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 Birth date*

*Current address City State Zip*

*Permanent address City State Zip*

*Primary Email Alternate Email*

*Primary Telephone Secondary Telephone*

**I identify my gender as**

Woman

Man

Genderqueer/Non-binary

Other: please specify:

Prefer not to answer

**What are your gender pronouns?**

**Your Medical School and year of graduation:**

**Your Current Residency Program and year of anticipated completion:**

**Citizenship:**

U.S. Citizen U.S. Noncitizen National Permanent Resident of U.S.

**Disadvantaged Background:** Yes No

***IF YES,*** please check category:

Family with an annual income below established low-income thresholds.

Social, cultural, or educational environment such as that found in certain rural or inner- city environments that previously presented challenges for obtaining the knowledge, skills, and abilities necessary to develop a career in medicine.

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

**Race/Ethnicity: What is your racial and ethnic background?** *(Check all that apply)*

African American/Black

Native-born Black American

African (origin in black racial group)

Haitian

West Indian

Asian

Bangladeshi Laotian

Burmese/Myanmarese Malaysian

Thai Other Asian, specify

Filipino

Sri Lankan

Indonesian

Vietnamese

Nepali

Caucasian or White (of Europe, North Africa, or the Middle East)

LatinX

Central American Mexican

Cuban  South American, specify

Puerto Rican Other LatinX, specify

Native American

American Indian

Native Alaskan

Native Hawaiian

Pacific Islander

Fijian Polynesians

Guamanian Samoan

Marshalleses Tahitian

Melanesians Tongan

Micronesians Other Pacific Islander, specify

**Group not mentioned above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 below.