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

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

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

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

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

|  |  |
| --- | --- |
| Medical School |  |

## Race/Ethnicity

|  |
| --- |
| *Please mark all that apply with an ‘X and specify if possible:* |

|  |  |  |  |
| --- | --- | --- | --- |
| African American/Black |  |  Alaska Native |  |
| American Indian |  |  Hispanic/Latinx |  |
| Native Hawaiian/Pacific Islander |  |  Southeast Asian |  |

## Supplementary Application Items Checklist

|  |  |
| --- | --- |
| In addition to completing the above form, please submit the following items:* Brief statement of interest in Pediatric Surgery and the visiting rotation at Seattle Children’s Hospital (1000 word limit) reviewing your reasons for wanting to participate, your career goals, and how this experience would enhance those goals.
* Complete the VSLO application for the UW School of Medicine and apply to SURG 683
* Current Curriculum Vitae
* One letter of recommendation from a clinical faculty member.
* Medical School transcript
* USMLE Step 1 score and if already taken, also submit at Step 2 score report.

**Application deadline is June 24, 2022**Please submit application materials to caitlin.smith@seattlechildrens.org (Subject line: Diversity Visiting Elective) |  |