## 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 |  |

## Rotation Date Requests

Please rank your rotation date preference as 1 and 2 with 1 denoting your first and 2 denoting your second preference.

|  |  |
| --- | --- |
| October 2022 |  |
| April 2023 |  |

## 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. * Current Curriculum Vitae * Two letters of recommendation from a clinical faculty member.   **Application deadline is June 24, 2022**  Please submit application materials to caitlin.smith@seattlechildrens.org (Subject line: Diversity Visiting Elective) |  |