Program Description:

Northwestern University Feinberg School of Medicine and the McGaw Medical Center of Northwestern University welcome students from diverse backgrounds from the Class of 2016 to apply for senior elective rotations. We are providing stipends ranging from $500 to $1,500 to qualified students to help defray the cost of an away rotation. We define the following groups as underrepresented for all programs: Black (African/African American), Latino/Hispanic (Mexican American, Cuban, Puerto Rican, Central American, South American), Native American, Native Hawaiian, and LGBT (Lesbian, Gay, Bisexual, Transgender). Women are defined as underrepresented for: orthopedic surgery, surgery, neurosurgery, emergency medicine, urology, and plastic surgery. Men are defined as underrepresented for: obstetrics and gynecology, dermatology, pediatrics, and family medicine.

Eligibility Requirements:
Prospective students for the Visiting Elective Program for Students Underrepresented in Medicine:

- Must be a U.S. Citizen or Permanent Resident
- Must be pursuing a medical degree at an LCME-accredited medical school.
- Must be in their final year of medical school.
- Must be in good standing at their medical school.
- Must have completed all core clerkships in Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery.
- Must apply to rotate up to and including Block 20. Block 21 students may be considered pending available funds. Block 22 and all blocks afterwards are not eligible for the stipend.

Application information:
All required visiting student application materials must be submitted via VSAS in addition to the Visiting Student Elective Program for Students Underrepresented in Medicine Supplemental application. This Supplemental application should be uploaded to VSAS under “Supplemental Documents.”

This Supplemental application must be complete and uploaded to VSAS before you receive a decision on your elective application. Supplemental applications received after you are notified of an acceptance to an elective will NOT be considered. If you upload the stipend application AFTER initially submitting your VSAS application, you MUST notify us via email that this has occurred otherwise we cannot know that you have added this document.

Students applying for the Stipend are encouraged to apply no less than three months in advance to assure adequate processing time for the supplemental application.

Please refer to the Visiting student website for further information:
http://www.feinberg.northwestern.edu/education/visiting-students/index.html

Acceptance:
Acceptance to the Visiting Elective Program for Students Underrepresented in Medicine is contingent upon acceptance to the Visiting Student Program for a US Applicant. Additional questions should be directed to Allison McCollum at visitingstudents@northwestern.edu.
Last Name: ___________________________ First Name: ___________________________

Email address: ___________________________ Phone number: ______________________

Medical School: ___________________________ Expected Grad. Date ______________________

Birth place: ___________________________ Date of birth: _____________ (mm/dd/yy)

U.S. Citizen: _____ Yes _____ No Gender: M F Transgender

Permanent Resident: _____ Yes _____ No Country of citizenship: ___________________________

What city & state do you call home? ______________________ Specialty interest: ___________________________

How did you hear about the program? ______________________________________________________________

Did you attend any Northwestern sponsored events at SNMA Annual meeting? _____________________________

Please briefly describe how you meet the criteria for underrepresented in medicine: (attach page if necessary)

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Please briefly describe any ties to the Midwest: (attach additional page if necessary)

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How will your participation in this program enhance your professional interests and further your career goals?

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My participation in this program is dependent upon receipt of a stipend. ____ Yes _____ No

Signed: ___________________________ Date: _____________

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