Program Description:

Northwestern University Feinberg School of Medicine welcomes students from diverse backgrounds from the Class of 2018 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: Orthopaedic 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 8. Block 9 students may be considered pending available funds. Block 10 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 this application. This application should be uploaded to VSAS under “Supplemental Documents.”

This application must be complete and uploaded to VSAS before you submit your VSAS application. Please note that we cannot consider supplemental applications received after you are notified of an acceptance to an elective.

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 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)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

My participation in this program is dependent upon receipt of a stipend. _____Yes _____No

Signed: _______________________________________________ Date: ______________