

Application Cover Sheet

For non-Northwestern medical students & residents interested in the
Integrative Medicine Elective at the Osher Center for Integrative Medicine

Name:	
Professional Degree:	
Title/Position:	
Department:	
Email Address:	
Mailing Address:	
Zip:	
Department Phone Number:	
Your Direct Phone Number:	
Department Secretary or Contact Person: (if applicable)	

Application Checklist. Please include each item as a separate document.

- Application Cover Sheet
- Curriculum vitae, including current educational role, responsibility, and activities
- Statement of interest in integrative healthcare (~1 page)
- Letter of approval/support from Dean, Departmental Chair or Division Chief

Application transmittal information: Please submit applications electronically to Anna B. Shannahan, MD, Associate Director of Education at the Osher Center for Integrative Medicine at Northwestern, at: anna-balabanova@northwestern.edu.