Diversity Visiting Medical Student Subinternship Program
Application Form

Applicant Information
Name: 
Address: 
City/State/Zip: 
E-mail: 
Phone number: 
Race/ethnicity: 

Medical Education
Medical school: 
Expected graduation date: 

Additional Information
Birth date: 
Birth place: 
Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, licensing board, medical disciplinary board, professional association, or educational/training institution?
___ Yes (if yes, please explain on a separate page) 
___ No

Rotation Requests
Please rank your preferences regarding rotation type (1=highest preference)
___ adult psychiatry subinternship 
___ child and adolescent psychiatry subinternship
Please rank your preferences regarding rotation dates (1=highest preference, 4=lowest preference)
___ 8/19-9/13/19 
___ 9/23-10/18/19 
___ 10/21-11/15/19 
___ 11/18-12/13/19

Required documents checklist (in addition to this application form)
Letter of interest
Curriculum Vitae
Letter of recommendation
Medical school transcript

Application deadline is June 1, 2019.
Please send all application materials to: dcowley@uw.edu