

Nemours Children's Hospital, Delaware: Visiting 4th Year Medical Student Application Form

DEMOGRAPHICS

First and Last Name:	
Date of Birth:	
Phone Number:	
Email Address:	
Gender:	
Ethnicity:	
Current City, State	
Permanent City, State (where do you consider home)	
Which specialty are you applying to for residency?	

SCHOOL INFORMATION

Medical school name	
City and state where school is located	
Name of school contact person	
Email address of school contact person	
Phone number of school contact person	
Pediatrics Clerkship Grade in MS3?	
Are you a member of AOA?	
Were you selected for the Gold Humanism Honor Society?	

ROTATION INFORMATION:

Please visit our website for a list of rotations we offer to visiting medical students. We follow the academic calendar set by Sidney Kimmel Medical College of Thomas Jefferson University, our primary academic partner. We strongly prefer your rotation fits into our block dates, and requesting to rotate with us on the dates listed on the website will maximize your chances of securing a rotation.

<https://www.nemours.org/education/gme/medstudents.html>

Please list the top 3 rotations you would be interested in taking this year at Nemours in order of preference	1) 2) 3)
Please list all dates that you are interested in rotating with us in order of preference.	1) 2) 3)

URiM APPLICANTS:

Do you self-identify as belonging to a group that is underrepresented in the medical profession relative to their numbers in the general population? YES/NO

If yes, would you like us to email you additional information about the Nemours URiM Visiting Scholars Program by which you may be entitled to additional financial and educational perks while you complete your rotation with us? YES/NO

