

APPLICATION FORM

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	
<i>Current address</i>		<i>City</i>	<i>State</i>
			<i>Zip</i>
<i>Permanent address</i>		<i>City</i>	<i>State</i>
			<i>Zip</i>
<i>Email</i>		<i>Phone</i>	

Please select first and second choice of rotation date:

July 27 – August 21, 2026: ☐ 1st choice ☐ 2nd choice

August 24 – September 18, 2026: ☐ 1st choice ☐ 2nd choice

September 21 – October 16, 2026: ☐ 1st choice ☐ 2nd choice

Your Current Medical School: _____

Current Year at your Medical School:

☐ 3 ☐ 4 ☐ Other (please specify): _____

Expected Date of Graduation: _____

Board Scores

Step 1 (if available) ☐ Pass ☐ Fail

COMLEX Level 1: _____

Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, medical disciplinary board, or education/training institution?

☐ No

☐ Yes. Please explain (can attach a separate page if preferable): _____

How did you learn about this program? _____

Personal Statement

Please describe why you are interested in the Emergency Medicine Scholars Program at the University of Washington. Please also include:

1. Your lived experiences of overcoming significant barriers and/or how you have traveled a great distance on your way to becoming a physician.
2. How you have been disadvantaged in obtaining the knowledge, skills, and abilities necessary to develop a career in medicine.
3. How you have demonstrated a commitment to advancing healthcare equity and addressing healthcare disparities.
4. Indicate any connection to WA state if applicable.

1000-word limit, attach separate page.