

APPLICATION FORM

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

(please select one and indicate a second choice if possible)

- July 26, 2021 – August 20, 2021
- August 23, 2021 – September 17, 2021
- September 27, 2021 – October 22, 2021
- October 25, 2021 – November 19, 2021
- November 22, 2021 – December 17, 2021

Your Current Medical School:

Current Year at your Medical School (*please check one*)

- 3 4 Other: please specify: Expected Date of Graduation:

Citizenship:

- U.S. Citizen U.S. Noncitizen National Permanent Resident of U.S.

Please briefly describe how you are part of a group that can be considered under-represented among physicians.

Disadvantaged Background: Yes No

IF YES, please check category:

- Family with an annual income below established low-income thresholds.
- Social, cultural, or educational environments that have directly disadvantaged you in obtaining the knowledge, skills, and abilities necessary to develop a career in medicine.
- Other:

First Generation in Family to Attend College: Yes No

Racial background: I identify as: _____.

Gender: I identify as: _____.

Board Scores

Step 1 _____

Step 2 (if available) _____

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 below.

How did you learn about this program?

Personal Statement

Please indicate why you are interested in the Emergency Medicine Scholars Program at the University of Washington. *1500 word limit, attach separate page*