

# UW Medicine

## SCHOOL OF MEDICINE

### Department of OB/GYN Inclusive Visiting Learner Sub-Internship

<b>Applicant Information:</b>
Name:
Address:
City/St/Zip:
Email address:
Phone number:

<b>Medical Education:</b>
Medical School:
Expected Graduation date:

<b>Additional information:</b>
Please select your desired rotation:
<input type="checkbox"/> High Risk Obstetrics (682)
<input type="checkbox"/> Gynecology Oncology (681)
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 education/training institution?
Yes – <i>if yes, please explain on a separate page</i>
No

<b>Required documents checklist:</b>
<input type="checkbox"/> 1. Application
<input type="checkbox"/> 2. USMLE Step 1 score report; if available, Step 2 score report
<input type="checkbox"/> 3. Official medical school transcript
<input type="checkbox"/> 4. Curriculum vitae
<input type="checkbox"/> 5. Personal statement
<input type="checkbox"/> 6. AAMC Visiting Student Learning Opportunities (VSLO) Program application <i>Please complete the VSLO Program application online and select the UW OB/GYN Inclusive Visiting Learner Sub-Internship you are interested in.</i>

<b>Personal Statement (500-word limit):</b>
Please explain how your path to medicine has informed your interest in Obstetrics & Gynecology? How will these experiences influence your practice?
<i>Please directly address your adverse or disadvantaged path in medicine. We encourage you to use this as an opportunity to make our understanding of you and your story more complete. Refrain from reiterating information that is available in other parts of your application.</i>

Applications must be completed and received by May 1<sup>st</sup>. Selected applicants will be contacted by June 1<sup>st</sup>. Please send all application materials to [obclerk@uw.edu](mailto:obclerk@uw.edu).