



**UNIVERSITY OF  
PENNSYLVANIA  
MEDICAL CENTER**

*Department of Medicine*

*Application for The Edward S. Cooper  
Visiting Clerkship in Internal Medicine*

**Instructions:** *The completed application together with the medical school verification form, your most recent transcript and the letter of recommendation should be sent by your dean for student affairs to Horace M. DeLisser, M.D., Director, Program for Minority Recruitment and Development, Department of Medicine, SVM-Hill Pavilion, Room 410B, 380 South University Avenue, Philadelphia, PA 19104-4539. All material must be received 8 weeks before the start of the rotation.*

**PERSONAL DATA**

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Name \_\_\_\_\_  
*Last First Middle*

Current Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Medical School \_\_\_\_\_

Entrance Date \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Undergraduate College/University \_\_\_\_\_

Gender:  Female  Male

I self-identify as (check the appropriate box(es) below ) (OPTIONAL):

African American/Black  Caucasian/White  Hispanic/Latino

Alaskan Native  American Indian  Pacific Islander

Other: \_\_\_\_\_

Indicate anything else we should know, particularly with respect to the diversity of your background and life experiences, that would be helpful in considering your application (attach one additional page if necessary)

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**CLERKSHIP MONTH DESIRED FOR 2008**

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- July (07/07 – 08/03)     September (09/01 – 09/28)     November (10/27 – 11/23)  
 August (08/04 – 08/31)     October (09/29 – 10/26)     December (11/24 – 12/21)

**ROTATION PREFERENCE**

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Indicate in order your top three preferences (1-3)

- Cardiology                       Endocrinology                       Gastroenterology  
 Geriatric Medicine               Hematology/Oncology               Infectious Diseases  
 Nephrology                       Pulmonary Medicine               Rheumatology

(Although every effort will be made to honor your preferences, assignments will be made based on the availability of the rotations)

**CHECKLIST**

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- I am interested in an internal medicine residency
- I will have successfully completed all of my core clinical clerkship before the start of the Cooper Clerkship
- I have fully completed the application and attest to the accuracy of the information
- I have requested medical school verification, my transcript and a letter of recommendation from my medical school

*This program is designed to enhance the diversity of the Department of Medicine consistent with the values of Dr. Edward Cooper. Consistent with federal law, no applicant will be denied consideration because race, gender, sexual orientation, religion or national origin.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



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**MEDICAL SCHOOL VERIFICATION**

**(To be completed by the associate dean for student affairs).**

\_\_\_\_\_ (Type) is applying for the Edward S. Cooper Visiting Clerkship at the University of Pennsylvania. Please complete the form below and a letter of recommendation for the student. The letter should include your opinion of the student's academic and personal qualifications. This form and your letter, along with the student's application and transcript, should be mailed together to Horace M. DeLisser, M.D., Director, Program for Minority Recruitment and Development, Department of Medicine, SVM-Hill Pavilion, Room 410B, 380 South University Avenue, Philadelphia, PA 19104-4539.

The above-named student is in good academic standing  Yes  No

It is anticipated that the above-named student will have completed all the required core clinical clerkships before start of the clerkship  Yes  No

Letter of recommendation:  is attached

Student's Transcript  is attached

Malpractice/professional liability insurance covers this student while away from our school in the amount of \$1,000,000/\$3,000,000.  Yes

Name of official completing this document \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Title*

Medical School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_