



**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 Marisa Rogers, M.D., M.P.H, Director, Program for Minority Recruitment and Development, Department of Medicine, 100 Centrex, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia, PA 19104-4383. All materials must be received 8 weeks before the start of the rotation.*

PERSONAL DATA

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).

CLERKSHIP MONTH DESIRED FOR 2007

- July (07/02 – 07/29) September (08/27 – 09/23) November (10/22 – 11/18)
 August (07/30 – 08/26) October (09/24 – 10/21) December (11/19 – 12/16)

ROTATION PREFERENCE

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

- 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 *Marisa Rogers, M.D., M.P.H, Director, Program for Minority Recruitment and Development, Department of Medicine, 100 Centrex, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia, PA 19104-4383.*

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 enclosed.

Student's Transcript is enclosed.

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 _____