The Council on Diversity, Equity, and Inclusion of the Emory University Department of Medicine invites medical students from groups underrepresented in medicine, including but not limited to underrepresented minorities and individuals from disadvantaged backgrounds to apply for our Emory University Department of Medicine #DOMDEI Visiting Clerkship Program. This clerkship, which specifically targets students who intend to apply to and pursue a career in Internal Medicine (or an IM subspecialty), exposes students to a thriving academic medical center and careers in Medicine. Accepted students will receive:

- A faculty mentor
- A resident mentor
- Integration into educational activities at Emory in the Department of Medicine
- Exposure to clinical sites at Emory
- An opportunity to interview at the J. Willis Hurst Internal Medicine Residency
- A stipend in the amount of $1,000 will be given upon successful completion of the clerkship.

Application requirements:

- Completion of attached application
- A letter of recommendation
- Current CV or resume
- Official USMLE or COMLEX transcript
- Official medical school transcript
- Completion of Emory's clerkship application prior to beginning the clerkship
Please ensure you have completed the VSAS application process before submitting this application. Deadline to apply is 5/22/2020. Only those who apply and are accepted through the Emory #DOMDEI Rotation application are eligible for a stipend.


Last Name: ___________________________ First Name: ___________________________

Primary Phone #: ___________________________ Primary Email Address: ___________________________

Mailing Address: ___________________________ USMLE Step 1 or COMLEX score: ___________________________

Name of Medical School: ___________________________ Anticipated date of graduation: ___________________________

I am applying to Internal Medicine residencies:  
☐ Yes  ☐ No

Requested rotation block: ___________________________

Gender  
☐ Female  ☐ Male  ☐ Prefer not to say  ☐ Nonbinary

Ethnicity: Are you Hispanic or Latinx?  
☐ No  ☐ Yes

Race: Choose all that apply (regardless of ethnicity)  
☐ American Indian or Alaska Native  ☐ Asian  ☐ Black or African American
☐ Native Hawaiian or Pacific Islander  ☐ White  ☐ Other (please specify)

Are you a first generation college student (i.e. first person in your family to attend college)?  
☐ No  ☐ Yes
Did/do you attend a historically black college for undergraduate or medical school studies?

☐ No
☐ If "Yes", list school

If you are from a disadvantaged background, please describe. (250 words max):

Please briefly describe your reason for applying to the program and interest in Internal Medicine (400 words max):
Required Documents:

☐ Letter of recommendation/endorsement from an Internal Medicine faculty member at your home institution to VSLO/VSAS. This letter should include details about your qualifications and should be sent directly to us.

☐ Upload transcripts (from medical school) to VSLO/VSAS.

☐ Upload your resume/ CV.

Terms & Condition for All Participants (your signature below indicates your acceptance):

☐ I agree to all the terms and conditions to the Emory University School of Medicine Code of Conduct.

☐ I agree to participate in the rotation to which I have been accepted during the aforementioned dates and the diversity program activities.

☐ I agree to participate in a cohort based model during my rotation periods. This involves sharing your contact information with other visiting students that have also been selected as recipients for the diversity stipend award.

Student Signature & Date

Questions/Concerns:

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