

MAHEC Family Medicine Residency Program Under-Represented in Medicine Visiting Student Program

Acting Internship Supplemental Application for Visiting Students who are
Under-Represented in Medicine
2023-2024

Instructions for Applicant

Please complete and submit the following materials:

1. AAMC VSLO Application ([VLSO Information](#))
2. Completed URiM Student Application (this document)
3. Personal Statement (contained within this document)
4. Current Curriculum Vitae (CV)
5. Copy of medical school academic transcript
6. Letter of Recommendation from a faculty member who can speak to your Family Medicine clinical skills and experiences.

PDF format for all submitted materials is preferred

Please note that students applying for the URiM Student Program will also need to simultaneously register and apply to one or more of our Acting Internships via the Visiting Student Application Service (VSLO).
Instructions will be sent to you if accepted to this URiM Supplemental Program.

All documents will be submitted via email:

MAHEC Family Medicine URiM Student Program
Studentservices@mahec.net

Students, please email URiM Student Program application, personal statement, transcript.
Please ask your faculty member to send your LOR via email as well.

If there are any questions or concerns, please contact the Visiting Student Coordinator.

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APPLICATION FORM

Data collected is kept private and used to ensure that we are being inclusive and equitable. To type your information on this page, use your mouse to go to grey box on the form. Enter text, or use your mouse to click the appropriate check box.

Applicant Info:

Last Name		First Name	
Primary Email		Alternate Email	
Mobile Phone Number		Another Phone Number	
Current address	City	State	Zip
Permanent address	City	State	Zip

Place of Birth:

Hometown:

Citizenship:

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

What is your Gender? Check as many as you like.

Female Male Transgender Non-binary
 "Let me type": Prefer not to say

What are your Preferred Pronouns?

Your Current Medical School:

Current Year at your Medical School (please check one)

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

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:

Racial and Ethnic Background: How do you identify? (Check all that apply)

African American/Black

- US-born Black American
- African (origin in black racial group)
- Other Black identity not listed, specify

Latinx

- Central American
- Cuban
- Puerto Rican

Mexican

- South American, specify
- Other Latinx identity not listed, specify

Native American

- American Indian
- Native Alaskan
- Native Hawaiian
- Enrolled or Principal Tribe

Pacific Islander

- Fijian
- Guamanian
- Marshallese
- Melanesian
- Micronesian
- Polynesian
- Samoan
- Tahitian
- Tongan
- Other Pacific Islander not listed, specify

Asian

- Bangladeshi
- Burmese/Myanmarese
- Thai
- Sri Lankan
- Vietnamese
- Other Asian identity not listed, specify
- Laotian
- Malaysian
- Filipino
- Indonesian
- Nepali

European
Please Specify

North African
Please Specify

Middle Eastern
Please Specify

White

Group not mentioned above:

Disadvantaged Background: YES No

IF YES, please explain

First Generation in Family to Attend College: Yes No

Is there anything else you would like us to know about your background and upbringing?

How did you learn about this program?

Personal Statement

Tell us what has driven you to the field of Family Medicine. Please include why you are interested in participating in a clinical rotation with MAHEC Family Medicine. Please also offer some guidance regarding your community engagement experience interests.

Either cut and paste or type directly into the grey box below. 1500 word limit