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| **ANESTH: 4th Year Electives in Anesthesiology** | | | | | | | | | | | | | | | | | | **INSERT COLOR PHOTO** | | |
| **Underrepresented in Medicine medical students who have been accepted for a visiting student rotation in the Department of Anesthesiology at Duke University can complete the following application for the Visiting Clinical Scholars program. If accepted into the program, some financial support to offset housing and transportation will be provided for the rotation period. Acceptance into the Visiting Clinical Scholars program does not guarantee a residency interview with our program. Completed applications should be emailed to Ms. Esther Turner (esther.turner@duke.edu).** | | | | | | | | | | | | | | | | | |  | | |
| Name |  | | | | | | |  | |  |  | Today’s Date | |  | | | | | | |
|  | Last, First, Middle, Suffix | | | | | | |  | | Preferred |  |  | |  | | | | | | |
| Address | |  | | | | | | | | |  | Birth Date | |  | | | | | | | |
|  | | Street | | | | | | | | |  | Birthplace | |  | | | | | | | |
|  | |  | | | | | | | | |  | Citizenship | |  | | | | | | | |
|  | | City, State, Zip | | | | | | | | |  | Military Status | |  | | | | | | | |
| Telephone | |  | | | | | | | | |  | Applying to our Program via ERAS (Yes/ No) | | | | | | | |  | |
| Mobile | |  | | | | | | | | |  | Race/Ethnicity | | [ ]Hispanic, Latino, or of Spanish Origin; [ ]Asian; | | | | | | | |
| Pager | |  | | | | | | | | |  | [ ]American Indian or Alaska Native; [ ]Black or African American; | | | | | | | | | |  |
| E-Mail | |  | | | | | | | | |  | [ ]Native Hawaiian or Pacific Islander; [ ]White; [ ]Other: | | | | | | | | | |
| Premedical College | | | | |  | | | | | | | | |  | | | Dates | |  | |
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| Advanced Work | | |  | | | | | | | | | | |  | | | Dates | |  | |
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| Medical School | | |  | | | | | | | | | | |  | | | Dates | |  | |
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| USMLE Scores | | | |  | | | | | AOA Member (Yes/ No/ NA) | | | | | |
| **REQUIRED SUPPORTING DOCUMENTATION** | | | | | | | | | | | | | | | | | | | | |
| Personal Statement | | | | | | Please include a brief description of your background, educational experience, honors, extracurricular activities, possible research activities, plans for residency training, and future goals. | | | | | | | | | | | | | | |
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| **2024-2025 - ROTATION DATES *(4 weeks only)*** | | | | | | | | | | | | | | | | | | | | |
| **SPRING TERM 2024** | | | | | | | **SUMMER TERM 2024** | | | | | | **FALL TERM 2024** | | | **SPRING TERM 2025** | | | | |
| \*42/ Jan. 29 – Feb. 23 | | | | | | | \*43/ June 24 – July 19 | | | | | | \*41/ August 19 – Sept. 13 | | | \*42/Feb. 3 – Feb. 28 | | | | |
| \*44/Mar. 25 – Apr. 19 | | | | | | | \*44/ July 22 – Aug 16 | | | | | | \*42/ Sept. 16 – Oct. 11 | | | \*44/Mar. 31 – Apr. 25 | | | | |
|  | | | | | | |  | | | | | | \*43/ Oct. 14 – Nov. 8 | | |  | | | | |
|  | | | | | | |  | | | | | | \*44/ Nov. 11 – Dec. 6 | | |  | | | | |
| \*We are aware that some medical school calendars do not coincide with the [Duke University School of Medicine](https://medschool.duke.edu/education/student-services/office-registrar/visiting-students) elective calendar.  It is recommended that you coordinate with your home school for approval to visit our program during the predetermined Duke dates.  We are confident that your home school will make an effort to accommodate your request if given reasonable advanced notice. Due to the high volume of student applicants, it is not possible to accept students outside of the predetermined Duke dates. | | | | | | | | | | | | | | | | | | | | |
| Duke Department of Anesthesiology Contact:  Esther Turner  (919) 681-6437 🞗 esther.turner@duke.edu  https://anesthesiology.duke.edu/ | | | | | | | | | | | | | Duke University School of Medicine Contact:  Scott Campbell  (919) 684-8042 🞗 scott.campbell@duke.edu  https://medschool.duke.edu/education/student-services/office-registrar/visiting-students | | | | | | | |