

Name:				
	(Last)	(First)	(Middle)	
Address:				
	(Street)			
(Ci	ty)	(State)	(Zip Code)	
Telephone Numbe	er:	Email:		
Race/ Ethnicity:	O Black or African American			
	O Hispanic or Latino			
	O American Indian or Alaska Native			

O Native Hawaiian or Other Pacific Islander

O Other\_\_\_\_\_

## Undergraduate Education

Undergraduate College(s)	Dates Attended	Degree

## Medical Education

Medical school(s) and Locations	Dates Attended	Degree

USMLE: Step 1 Score: \_\_\_\_\_ Step 2 Score (if available): \_\_\_\_\_

Rotation dates:

Please indicated your desired rotation date by ranking top three preferences (1-3)

Block 1July 1 - July 26, 2024Block 2July 29 - Aug 23, 2024Block 3Aug 26 - Sep 20, 2024Block 4Sept 23 - Oct 18, 2024

Supplemental material checklist:

- Completed VSAS application to CMSRU clerkship •
- Personal statement describing your career goals and interest in pursuing the Emergency Medicine clerkship at • Cooper (limit to 500 words)
- One letter of recommendation from a faculty member ٠

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Application deadline is June 1, 2024

Please send all completed application materials to:

Attn: Dr. John Cafaro · Department of Emergency Medicine · Cooper University Hospital · E&R Bldg, Second Floor · 401 Haddon Avenue · Camden, NJ 08103 · cafaro-john@cooperhealth.edu





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