

Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zipcode)

Telephone Number: _____ Email: _____

- Race/ Ethnicity:**
- Black or African American
 - Hispanic or Latino
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Other _____

Undergraduate Education

Undergraduate College(s)	Date(s) 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 1: July 3 - July 28, 2023 _____
- Block 2: July 31 - Aug 25, 2023 _____
- Block 3: Aug 28 - Sept 22, 2023 _____
- Block 4: Sep 25 - Oct 20, 2023 _____

Supplemental material checklist:

- Completed VSAS application to CMRSU 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

Signature: _____ Date: _____

Please send all completed application materials to:

Attn: Dr. John Cafaro · Department of Emergency Medicine · Cooper University Hospital · One Cooper Plaza, Keleman 152 · Camden, NJ 08103
Cafaro-John@CooperHealth.edu



One Cooper Plaza. Camden, NJ 08103 · **Tel** 856-342-2351 · **Fax** 856-968-8272