

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

**Rotation dates:**

Please indicate your desired rotation date by ranking top three preferences (1-4)

Block 1	July 29 – August 23, 2024	_____
Block 2	August 26 – September 20, 2024	_____
Block 3	September 23 – October 18, 2024	_____
Block 4	October 21 – November 15, 2024	_____

**Supplemental material checklist:**

- Completed VSAS application to CMRSU clerkship which includes the following:
  - Curriculum Vitae
  - One letter of recommendation from a faculty member
  - USMLE STEP I and/or COMLEX I scores
- Completed essay answering ONE of the following questions (limit 500 words)
  - What does diversity and inclusion mean to you and how do you embody those qualities?
  - What is the most significant diversity/inclusion activity that you have been involved with during medical school and what role did you play?
  - Describe how you plan to incorporate service to underrepresented minority groups into your residency training and future career as an C

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

***Application Deadline is April 26, 2024***

***Please complete and send all materials to:***

Attn: Susan Mcfadden; mcfaddensusan1@CooperHealth.edu



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