

**Supplemental Application Information:**

**NAME:**

**STREET ADDRESS:**

**CITY: STATE: ZIP:**

**MEDICAL SCHOOL:**

**ENTRANCE DATE: EXPECTED GRADUATION DATE:**

**GENDER:** [ ]  **Male** [ ]  **Female** [ ]  **Non-binary, third gender**

**RACE/ETHNICITY:**

**USMLE Step 1 Score (first attempt) \_\_\_\_\_\_\_\_\_\_\_**

**USMLE Step 2 CK Score (first attempt)\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you become interested in Radiology?**

**What strengths do you possess that you feel will make you a strong Radiology resident and physician? What do you wish to work on/develop more fully?**

**Send Application Packet To:**

Christiana Care Health System Visiting Clerkship Program

Attn: Dana Beckton, Director Diversity and Inclusion

Christiana Care Health System

4755 Ogletown-Stanton Road

2E67A Ammon Medical Center

Newark, DE 19713

**Phone:** 302-733-3186 **Fax:** 302-733-1060 **E-mail:** dbeckton@christianacare.org