**Identification**

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| --- | --- |
| AAMC ID |  |
| Name |  |
| Pronouns |  |
| Racial/ethnic identity |  |

**Requests**

Please note that the elective has two formats, virtual and in-person. Apply for both electives on VSAS if you are willing to be considered for either format. All the application documents uploaded to VSAS can be the same if you are applying to both formats.

You are welcome to apply to any other ZSOM/ZHH elective, regardless of acceptance to this elective.

Also note that this experience is intended to be 4 weeks, starting on either 8/30 or 9/27. If you have a request for a different timing that falls within 8/30 – 10/17, you are welcome to request it and it will be considered.

Use the following space as needed to describe your preferences for format and dates, any hopes for particular experiences (e.g., college unit, peripartum clinic… visit our [website](https://tinyurl.com/ZHHpsychiatry) for ideas), and any other requests or needs that we might try to accommodate:

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Please direct any questions to the elective director Dr. Timothy Kreider at [tkreider@northwell.edu](mailto:tkreider@northwell.edu).

We look forward to hearing from you!