

## Visiting Clerkship Program for Students Underrepresented in Medicine Interest Form

Please complete this interest form and email to [LSnydman@tuftsmedicalcenter.org](mailto:LSnydman@tuftsmedicalcenter.org). A VSAS/VSLO application (with medical school transcript, CV, passing Step 1 score, personal statement, and one letter of recommendation) is also required (apply [here](#)). Please see associated informative flyer for more information.

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Last Name	First Name	MI
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Email Address

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Race	Ethnicity	Gender
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Medical School	Expected graduation date
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Please rank rotations and rotation dates in order of preference (1 = most desired):

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|--------------------------------------------------------------|-------------------------|
| ___ CAR404 – Cardiology Consult – Dr. Wessler                | ___ 9/27/21 – 10/22/21  |
| ___ CAR407 – Adult Cardiac Cath Lab – Dr. Kimmelstiel        | ___ 10/25/21 – 11/19/21 |
| ___ END402 – Endocrinology Consult – Dr. Siegel              | ___ 11/22/21 – 12/17/21 |
| ___ GAS404 – Gastroenterology Consult – Dr. Karagozian       | ___ 01/03/22 – 01/28/22 |
| ___ HEM408 – Hematology/Oncology Consult – Dr. Mathew        |                         |
| ___ IFD404 – Infectious Disease Consult – Dr. Allison        |                         |
| ___ IMM402 – Rheumatology Consult – Dr. Kalish               |                         |
| ___ MED405 – Ward Medicine Acting Internship – Dr. Snyderman |                         |
| ___ REN404 – Renal Consult – Dr. Gilbert                     |                         |

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Applicant Signature	Date of Application
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