

Jeannette E. South-Paul, MD Clerkship
University of Pittsburgh School of Medicine

Named for Jeannette E. South-Paul, MD, chair of the University of Pittsburgh School of Medicine's Department of Family Medicine, this competitive program was designed to expand opportunities for excellent underrepresented minority (URM) medical students to train in the academic medical center environment. We will expose students to our vibrant clinical landscape and connect them both professionally and socially with underrepresented faculty and community physician role models. The clerkship will consist of a one-month experience for senior medical students who have completed core clerkships in the appropriate field.

Applicants must submit the following documents:

- Jeannette E. South-Paul, MD Clerkship Application (attached)
- University of Pittsburgh School of Medicine's Application for Visiting Students from LCME-Accredited Medical Schools. The application can be obtained ON-LINE ONLY, and the request for application can be found at <http://www.medschool.pitt.edu/sa/catalog/VisitingLCME.html>
- Two letters of Recommendation
- Current official transcript of medical school courses/grades
- USMLE Step 1 scores
- Curriculum Vitae

All application materials must be submitted by the August 1 application deadline to:

University of Pittsburgh School of Medicine
Office of Student Affairs/Diversity Programs
3550 Terrace Street
532 Scaife Hall
Pittsburgh, PA 15261
(412) 648-8987

Jeannette E. South-Paul, MD Clerkship

for Students Underrepresented in Medicine

Please Print or Type

1. Name _____
Last First Middle Initial
2. Address _____
Street City State Zip
Phone () _____ Social Security Number _____
Area Code Number
3. Birth Date _____ Birth Place _____ 4. Sex ____ Male ____ Female
4. Email Address _____
5. U.S. Citizen or Permanent Resident ____ Yes ____ No
6. Ethnic Background ____ African-American ____ Mexican American
____ Mainland Puerto-Rican ____ Native American
____ Other Hispanic ____ Other _____
7. Undergraduate School _____ Grad. Date _____
8. Medical School _____ Expected Grad. Date _____
9. List (2) faculty members at your school whom you have asked to send letters of recommendation.
-

10. Desired Clerkship (rank choices, 1st, 2nd, 3rd)

- | | | |
|--|---|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Medicine Subspecialty |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Otolaryngology | 1. |
| <input type="checkbox"/> General Surgery (inpatient) | <input type="checkbox"/> Pathology | 2. |
| <input type="checkbox"/> Human Genetics | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Surgical Subspecialty |
| <input type="checkbox"/> Internal medicine (inpatient) | <input type="checkbox"/> Phys. Med & Rehab. | 1. |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Psychiatry | 2. |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Diagnostic Radiology | |

11. List months desired for Clerkship in order of preference.

1. _____ 3. _____
2. _____ 4. _____

Feel free to attach additional pages to address Questions 12-14.

12. What are your career goals?

13. How can the South-Paul Clerkship enhance your career preparation?

14. Why do you want to pursue a visiting clerkship at the University of Pittsburgh Medical Center?

15. My participation as a visiting clerk is dependent upon receipt of the South-Paul stipend.

Yes No

Signature _____ Date _____

(Application must be signed by applicant)

Please return to:

**University of Pittsburgh School of Medicine
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Pittsburgh, PA 15261
(412) 648-8987**