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 )

    □ Anesthesiology   □ OB/GYN   □ Radiation Oncology
    □ Critical Care Medicine   □ Ophthalmology   □ Urology
    □ Dermatology   □ Orthopedic Surgery   □ Medicine Subspecialty
    □ Family Medicine   □ Otolaryngology
    □ General Surgery (inpatient)   □ Pathology
    □ Human Genetics   □ Pediatrics
    □ Neurology   □ Psychiatry
    □ Neurosurgery   □ 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)

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