



**UNIVERSITY OF
PENNSYLVANIA
HEALTH SYSTEM**
Department of Medicine

*Application for The Edward S. Cooper
Visiting Clerkship in Internal Medicine*

PERSONAL DATA

Name _____
Last First Middle

Current Address _____

Phone Number _____ E-mail Address _____

Medical School _____

Entrance Date _____ Expected Graduation Date _____

Gender: Female Male

Race/Ethnicity: Black/African American
 Hispanic/Latino
 Native American (American Indians, Native Hawaiians, Alaskan Natives)
 Other _____

USMLE Step 1 score _____ USMLE Step 2 CK score (if available) _____

ROTATION DATES

The Cooper Visiting Clerkship will be available in August, September and October in 2020.
The dates are NOT flexible.

Please rank your rotation preference, with 1 indicating your highest preference and 3 your lowest:

Rotation Dates:

August 3, 2020 to August 28, 2020 _____

August 31, 2020 to September 25, 2020 _____

September 28, 2020 to October 23, 2020 _____

ROTATION PREFERENCE

Indicate in order your top three preferences (1-3)

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory General Internal Medicine | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Geriatric Medicine | <input type="checkbox"/> Hematology/Oncology |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Pulmonary Medicine | <input type="checkbox"/> Rheumatology |

(Although every effort will be made to honor your preferences, assignments will be made based on the availability of the rotations.)

CHECKLIST

The following supplementary materials are required **with** the application:

- Official medical school transcript
 - CV
 - Personal statement discussing career goals
 - One letter of recommendation (preferably from a Medicine attending)
- I am interested in an internal medicine residency.
- I will have successfully completed all of my core clinical clerkships before the start of the Cooper Clerkship.
- I have fully completed the application and attest to the accuracy of the information.

SIGNATURE _____ **DATE** _____

The application deadline for the Cooper Visiting Clerkship is **May 8, 2020**.
All materials must be received by this date.

Please send your application materials to:

Penn Medicine - Internal Medicine Residency Program
Attn: Claiborne Childs, MD
Internal Medicine Residency Program
100 Centrex
3400 Spruce St
Philadelphia, PA 19104

Upon receiving official notification of your acceptance to the Cooper Visiting Clerkship program, please immediately complete and submit a visiting student clinical elective application and acceptance fee (you will be reimbursed after rotation completion) to the Perelman School of Medicine at the University of Pennsylvania. The website address is:

<http://www.med.upenn.edu/visitingstudents/>