Dear Colleague:

We are pleased to announce the Office of Student and Resident Diversity at the University of California Davis is sponsoring a subsidized 4th year Visiting Clerkship Program. Our program targets socio-economically disadvantaged students who come from traditionally Under-Represented in Medicine communities.

The VCP is for qualified fourth year students who are considering completing their residency at UC Davis and would like to do an Acting Internship/ Externship at the University of California Davis Medical Center to see if we are a good fit!

The Visiting Clerkship Program is an excellent opportunity to:

- Get a first hand look at University of California, Davis Residency Programs
- Get a first hand look at the Sacramento community
- Receive Financial assistance towards travel expenses, food and housing
- Interact with LMSA and SMNA medical students and house staff

We see attached application. If you have any questions or please feel free to contact us at 916-734-2615 or email me at darin.latimore@ucdmc.ucdavis.edu

Thank you,

Darin A. Latimore, MD
Asst. Dean Student and Resident Diversity
Application for UCD SOM Visiting Elective Program

Name_______________________________________ Today’s Date____________________

Medical School attending: __________________________ Expected Grad. Date______________

Date of Birth _______________ Gender ___M ___F Phone number ______________________

Which Clerkship are you applying for (please rank your preference)
   ___ Acting Internships on Medicine Wards MICU
   ___ Medical Intensive Care Unit
   ___ Cardiac Care unit
   ___ Family Medicine Medicine (In-patient or out-patient Acting Internship)
   ___ Pediatrics (In-patient or out-patient Acting Internship)

Which dates would you want to attend: ____________________________

Students must come from a disadvantaged background as defined by the U.S. Department of Health and Human Services:
“An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession”

Please circle the criteria’s which is applicable to you:

   o Ethnicity/demographics
      o African American or Black
      o American Indian or Alaska Native
      o Asian/Asian American
      o Caucasian or White
      o Latino or Hispanic
      o Native Hawaiian or Pacific Islander
      o South East Asian/Asian American (Vietnamese, Cambodian, etc.)
      o LGBTIQ
      o Other
      o Prefer not to answer

   o Worked 20 or more hours per week through college
   o Did you receive the Financial Assistance Program for the MCAT
   o 1st in your family to become a doctor:
   o Attending a low performing K-12 school
   o Received AMCAS Fee Waiver when applying to Medical School

In a brief statement please explain how you qualify for this program based on one/or all of the criteria listed above.

Please fax or email completed documents to (916) 703-5568 or michelle.villegas-frazier@ucdmc.ucdavis.edu

Internal use only: Application approved/denied: __________________
Dept. approval: __________________
               Date and contact person