

University of Iowa (UI)
Department of Emergency Medicine
Visiting Elective Scholarship Program (VESP)

Instructions for Application for the UI Emergency Medicine VESP

Please submit the following materials:

- Completed VESP application (see next page)
 - Leadership and Research Experience and Background
 - Personal Statement

- Completed the Iowa Visiting Medical Student Application for the Emergency Medicine Clerkship: Emergency Medicine – EM:8402 Emergency Medicine UIHC

<http://www.medicine.uiowa.edu/md/visitingstudents>

Submit all VESP application materials by mail or email to:

UI Emergency Medicine Visiting Elective Scholarship Program

Hans House, MD, MACM

c/o: Kelby Kiefer

University of Iowa Hospital and Clinics

Department of Emergency Medicine

200 Hawkins Drive 1008 RCP

Iowa City, IA 52242

email: kelby-kiefer@uiowa.edu

University of Iowa Emergency Medicine VESP APPLICATION FORM

(To type your information on this page, use your mouse to go to the grey box on the form. Enter text, or use your mouse to click the appropriate check box.)

The Applicant:

<i>Last Name</i>	<i>First Name</i>	<i>Birth date</i>	
<i>Preferred Name</i>			
<i>Current address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Permanent address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Primary Email</i>		<i>Alternate Email</i>	
<i>Home Telephone</i>		<i>Mobile Phone</i>	

Gender: Female Male Transgender Other: please specify:

Sexual Orientation:

- Bisexual Gay
 Lesbian Straight
 Other: please specify:
 Decline to state

Your Current Medical School:

Current Year at your Medical School (*please check one*)

3 4 Other: please specify: Expected Date of Graduation:

Citizenship:

U.S. Citizen U.S. Noncitizen National Permanent Resident of U.S.

Do you have a Social Security Number? Yes No

Do you have a disability (physical or mental impairment that substantially limits one or more major life activities)?

*Yes No Do not wish to provide

***If disabled, which of the following describes your disability(ies)?**

- Hearing Mobility
 Visual Other:

Disadvantaged Background:

Yes No

IF YES, please check category:

- Family with an annual income below established low-income thresholds.
- Social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a medical career.

First Generation in Family to Attend College: Yes No

Race/Ethnicity: What is your racial background? (OPTIONAL. Check all that apply.)

African American/Black

- Native-born Black American
- African (origin in black racial group)
- Haitian
- West Indian

Asian

- | | |
|---|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Burmese/Myanmarese | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian, specify |

Caucasian or White (of Europe, North Africa, or the Middle East)

Hispanic/Latino

- | | |
|---|--|
| <input type="checkbox"/> Central American | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> South American, specify |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic, specify |

Native American

- American Indian
- Native Alaskan
- Native Hawaiian

Pacific Islander

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Polynesians |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Melanesians | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Micronesians | <input type="checkbox"/> Other Pacific Islander, specify |

Prefer not to disclose

How did you learn about this program?

Leadership and Research Experience or Publications

List and describe prior leadership and research experience with dates, if any, and any articles/abstracts published in referred journals. (***Attach additional sheets if necessary***)

Personal Statement

Applicant: Either cut and paste or type directly into the grey box below. (Not to exceed 1,500 words)

Instructions: Please include why you are interested in emergency medicine. Describe your experience in working with diverse communities and future plans upon completing residency training.