



PHYSICIANS MEDICAL FORUM

"The ultimate reason to become a medical doctor is to help people. PMF is in this business"

VISTING ELECTIVE SCHOLARSHIP PROGRAM (VESP)

at the

University of California San Francisco

INSTRUCTIONS FOR APPLICATION FOR VESP

Please submit the following materials:

- Completed VESP application (see next page)
- Personal Statement
- Current CV
- Letter of recommendation from a faculty member in your department of interest (can be the same as the letter submitted to the clinical elective program). Please have this directly submitted to Dr. Salazar (email is fine)
- An official school of medicine academic transcript.

Submit all VESP materials to:*

Physicians Medical Forum & UCSF Visiting Elective Scholarship Program

Edward Cruz, MD, M.P.H., VESP Director
UCSF Office of Graduate Medical Education
Zuckerberg San Francisco General Hospital
1001 Potrero Avenue, MS65
San Francisco, CA 94110
Email: Edward.Cruz@ucsf.edu
415.206.2837

*** The UCSF Visiting Student Program materials should be submitted directly to the Visiting Student Program and not VESP**

- Students must also apply to their department's clinical elective program through the UCSF School of Medicine.

Info: <http://www.medschool.ucsf.edu/visitingstudents/general/>

**PHYSICIANS MEDICAL FORUM & UCSF
VISITING ELECTIVE SCHOLARSHIP PROGRAM (VESP) APPLICATION FORM**

The Applicant:

Last Name	First Name	Birth date
Current address	City	State Zip
Permanent address	City	State Zip
Primary Email	Alternate Email	
Home Telephone	Mobile Phone	

Birthplace (city/state): _____

Gender: Female Male Transgender

Sexual Orientation: Bisexual Gay Lesbian Straight 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. Non-citizen 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 research 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? _____

Personal Statement

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

Instructions: Describe your experience in working with diverse communities and future plans upon completing residency training. Please comment on your interest in working in the Oakland/San Francisco/Northern California Area.
