

(for elective rotations and sub-I's)

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## Rotation Preferences and Dates

Rotation	Rotation Dates
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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### Visiting Rotations for Underrepresented in Medicine Applicant Questions and Requirements

1. Do you belong to a group underrepresented in medicine as described by elective brochure?  Yes  No

2. What do you believe is the most significant challenge to optimal child health presently in the United States? (300 words or less)

3. Why would you like to participate in this program? (300 words or less)

4. Three words that others who know you well would use to describe you and why? (100 words or less)

5. Please have two clinical attendings who know you well submit a letter of recommendation to NCHGMEDDiversity@nemours.org.

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Please email your completed form to Maria Kierulf, medical education coordinator, at maria.kierulf@nemours.org.

FOR OFFICE USE:

Rotation Assigned: \_\_\_\_\_ GME Director Approval/Date: \_\_\_\_\_