

Marshall University Joan C. Edwards School of Medicine

Neonatal Clerkship 2016

Information for this form is provided voluntarily. JCESOM Office of Diversity is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of JCESOM Office of Diversity services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

Last Name/First name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate / / <small>(mm/dd/yyyy)</small>		Age	
Permanent Home Address		City	County		State	Zipcode	
School Address		City	County		State	Zipcode	
Primary Phone #		Permanent Email Address					
Cell Phone #		School Email Address					
Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		Ethnicity (select one) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) <input type="checkbox"/> Asian (Other)				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	
College or University Name							
City		State			Zip		
Name of Other Contact Person (Relative or Guardian): _____ Phone: _____							
High School (or College) Name		City	County		State		
Classification <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post Bac. <input type="checkbox"/> Master's				Anticipated Date of Guardian / / <small>(mm/dd/yyyy)</small>			
I intend/plan/would like to enter a health career. <input type="checkbox"/> Yes <input type="checkbox"/> No							
What areas in the Health Care Fields are you interested in?							
I intend/plan/would like to enter a health career in primary care (such as Family Medicine doctor, pediatrician nurse practitioner, physician assistant, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
I would like to attend the Program: <input type="checkbox"/> July 11-22, 2016 <input type="checkbox"/> July 18-29, 2016							
If you have taken the MCAT Please list your score:							
Please list your Extra-Curricular Activities							
Additional Materials Required: <ol style="list-style-type: none"> 1. Attach a Resume 2. Attach a brief summary (no more than 100 words) about your interest in Neonatal Clerkship 3. A letter of recommendation from a faculty member or university administrator who can attest to your academic capabilities as well as the importance of your participation in this program. 4. US Citizenship or permanent residency required 5. Official transcript 							