

Application for Cooper OBGYN Visiting Scholars Elective Program

Name:			
A -l -l	(Last)	(First)	(Middle)
Address:	(Street)		
(City) Telephone Number:		(State) Email:	(Zipcode)
Race/ Ethnicity:	O Native Hawa		
		Undergraduate Education	1
Undergraduate	College(s)	Date(s) attended	Degree
L		Medical Education	
Medical school(s) and Locations		Dates Attended	Degree
Rotation dates: Please indicate yo	our desired rotation da	ate by ranking top three preferences (:	1-4)
Block 2 Aug Block 3 Sep	29 – August 23, 2024 Just 26 – September 20 tember 23 – October	0, 2024 18, 2024	

Supplemental material checklist:

- O Completed VSAS application to CMRSU clerkship which includes the following:
 - Curriculum Vitae
 - One letter of recommendation from a faculty member
 - USMLE STEP I and/or COMLEX I scores
- O Completed essay answering ONE of the following questions (limit 500 words)
 - What does diversity and inclusion mean to you and how do you embody those qualities?
 - What is the most significant diversity/inclusion activity that you have been involved with during medical school and what role did you play?
 - Describe how you plan to incorporate service to underrepresented minority groups into your residency training and future career as an C

Signature:	Data:
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Application Deadline is April 26, 2024

Please complete and send all materials to:

Attn: Laura Chropka; chropka-laura@CooperHealth.edu





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