

URIM PEDIATRIC VISITING STUDENT ELECTIVE SCHOLARSHIP PROGRAM



OUR MISSION

Cohen Children's Medical Center takes pride in providing excellent clinical care in the most diverse urban county in the world and recognize the value in a diverse and inclusive healthcare team. We prioritize the recruitment and retention of minority residents and fellows who are underrepresented in medicine. We believe that this is essential to the health of our patients and success of our academic mission.

WHAT WE OFFER

- Sub-I or Elective (2-4 weeks)
- Up to \$2500 stipend for travel, housing, and related expenses
- Meetings with the Program Director and Chair of Pediatrics
- Invitations to a MENTOR dinner & Resident Happy Hour event
- Guaranteed interview invitation upon successful completion of the program
- The opportunity to meet Advocacy, ENHANCE and Global Health Leadership
- The opportunity to develop a health equity project under the guidance of an appropriate mentor



FOR ELIGIBILITY & APPLICATION PLEASE CONTACT:

Kelly Murphy (kmurphy28@northwell.edu)

URiM Pediatric Visiting Student Elective Scholarship Program

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Eligibility

- Applicants must be in good standing at a U.S. accredited medical school and have completed core clinical clerkships with passing grades by the start of their rotation.
- Because the goal of the URiM Visiting Student Elective Scholarship Program is to reach underrepresented medical students from outside institutions, we ask that only applicants who are attending medical school at institutions not affiliated with Cohen Children's Medical Center apply.
- The program is intended for fourth year medical students planning on applying for categorical pediatric residency programs.
- The program focuses on fourth year medical students who are from groups underrepresented in medicine (e.g. African American or Black, Hispanic or Latino, American Indian or Alaskan Native, Native Hawaiian or other Pacific Islander).

Application Requirements:

Please send to Kelly Murphy (kmurphy28@northwell.edu)

- URiM Pediatric Visiting Student Elective Scholarship Program form
- Letter of Recommendation from local pediatric clerkship director
- Current Curriculum Vitae
- Current Official Academic Transcript
- USMLE or COMLEX transcript

Full Name

Medical School

Email Address

Expected Date of Graduation

Street Address

Phone Number

City

State

Zip Code

Underrepresented group with which you identify

Are you interested in a specific sub specialty?

African American or Black

Hispanic or Latino

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

Other

How did you hear about our program?

Please provide a brief response addressing the following:

What past experiences influenced your pediatric interest?

Why you are interested in this opportunity at Cohen Children's Medical Center?

Why diversity in medicine is important to you?

Please submit