



EXCEPTIONAL CARE. WITHOUT EXCPTION.

The primary teaching affiliate of the Boston University School of Medicine.

## Subsidized Visiting Elective Program (SVEP) Office of Minority Physician Recruitment

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country if not in the U.S. \_\_\_\_\_

### Race/Ethnicity

Check all that apply:

Black/African American

Hispanic/Latinx

Native American

Native Hawaiian/Other Pacific Islander

Other \_\_\_\_\_

### Educational Background

Medical School \_\_\_\_\_

USMLE step I score \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

USMLE step II score (if taken) \_\_\_\_\_

### Program Information

Which Boston Medical Center residency program are you planning to apply to?

\_\_\_\_\_

Are you planning to couples Match? Yes No

## COVID-19 Vaccination

It is required of all visiting students to be vaccinated against the COVID-19 virus. Have you been vaccinated against the COVID-19 virus?    yes            no

Proof of vaccination can be sent to BMC employee health (Working Well) by emailing [working.wellclinic@bmc.org](mailto:working.wellclinic@bmc.org) prior to your arrival.

## How did you hear about the Subsidized Visiting Elective Program? (Check all that apply.)

Conference/Residency Fair:    SNMA     AMSA     LMSA     AAMC

Website  (If yes please identify which site(s) \_\_\_\_\_

Medical School Presentation  Where was the presentation? \_\_\_\_\_

School Official  What is the name of the official? \_\_\_\_\_

Other  \_\_\_\_\_

I certify, by checking the box to the left, that all of the information provided on the application is accurate.