



Department of Surgery
910 Madison Avenue, 2nd Floor
Memphis, TN 38163

Under-Represented in Medicine Visiting Rotation in Surgery Application Form

Name: _____
Last First MI

Address: _____
Street

City State ZIP

Telephone: _____ Email: _____

Race/ethnicity: ☐ Black or African American
☐ Hispanic or Latino
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other _____

Undergraduate education:

1: _____
School Dates attended Degree

2: _____
School Dates attended Degree

Medical education:

1: _____
School Dates attended Degree

2: _____
School *Dates attended* *Degree*

USMLE Step 1 score: _____

USMLE Step 2 CK score (if available): _____

For 2024, there is only one slot available for each of the following blocks.

Block 9 (August 19 – September 13, 2024) _____

Block 10 (September 16 – October 11, 2024) _____

Application deadline June 14, 2024.

Additional required documents:

- ☐ Complete separate VSLO application (available on www.aamc.org)
- ☐ Attach 250-word personal statement describing your career goals and how this rotation will help you achieve them
- ☐ Letter of recommendation from a surgery faculty member at your home institution should be sent to cbishop@uthsc.edu upon request after your application has been reviewed.