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**Physician Shadowing Program**

Now accepting applications for June 2020 Cohort for the following dates:

June 8th, June 12th, June 22nd, & June 26th

\*\*\*\*\*\*DUE DATE FOR APPLICATION: April 15th, 2020\*\*\*\*\*\*

Please submit all applications to info@projectdiversifymed.com

1. **Welcome**

Project Diversify Medicine offers physician shadowing experience for aspiring doctors with promise. Selected applicants will receive a hands-on clinical experience with Dr. Ashley Denmark, a board-certified family medicine physician. Shadowing will be at her clinic based in Saint Louis, MO.

Criteria:

* 18 years of age or older
* Must be enrolled in accredited 4 year undergrad, 2 year community college or non-traditional medical school applicant
* Must be on pre-med track with plans to apply to medical school
1. **Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Academic Background**

*(List every college, university, professional school, or higher institution previously attended)*

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| Institutions Attended | Date of Attendance from (m/y) to (m/y) | Degree, TitleB.S., MPH, Post Bacc | Degree Major | Date of Graduation from (mm/dd/yy) | GPA/ Class Rank |
| college/university |  |  |  |  |  |
| college/university |  |  |  |  |  |
| post bacc program |  |  |  |  |  |
| graduate school |  |  |  |  |  |
| graduate school |  |  |  |  |  |

1. **Interests & Availability**
2. Please select the doctor shadowing session you prefer. (Check only one)

\_\_\_ Summer Session \_\_ Fall Session

\_\_\_ Spring Session \_\_ Winter Session

1. Why do you want to become a doctor?

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1. Have you had clinical experience before? If so, please explain.

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1. What are your goals during this clinical experience??

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Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_