



Please print and mail to:  
Frank Miller Jr.  
University Hospitals Case Medical Center  
11100 Euclid Ave. - Mail stop: BSH 7057  
Cleveland, Ohio 44106  
Questions? [216] 844-4717 or [frank.miller@uhhospitals.org](mailto:frank.miller@uhhospitals.org)

## Application David Satcher Clerkship

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address (Please include Street, City, State, Zip)

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

School Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Place \_\_\_\_\_

Gender \_\_\_\_\_

Ethnic Background:

African-American \_\_\_\_\_

Mainland Puerto-Rican \_\_\_\_\_

Other Hispanic \_\_\_\_\_

Mexican American \_\_\_\_\_

Native American \_\_\_\_\_

Undergraduate School \_\_\_\_\_ Grad. Date \_\_\_\_\_

Medical School \_\_\_\_\_ Grad. Date \_\_\_\_\_

List 2 faculty members from whom you've requested a letter of reference:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application David Satcher Clerkship

Page 2

Desired Clerkship (rank choices 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)

<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Urology
<input type="checkbox"/> General Surgery (inpatient)	<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Human Genetics	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Internal Medicine (inpatient)	<input type="checkbox"/> Pathology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Radiology
<input type="checkbox"/> Medicine Subspecialty List _____	
<input type="checkbox"/> Surgical Subspecialty List _____	

Rank months desired for Clerkship (rank 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) Year  September  October  November

What are your career goals?

---

---

---

---

---

---

---

---

Why are you interested in the David Satcher Clerkship?

---

---

---

---

---

---

---

---

Why do you want to come to University Hospitals Case Medical Center?

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant must sign application)

Application for the David Satcher Clerkship includes:

- Complete David Satcher Clerkship Application
- Complete CWRU Visiting Medical Student Application
- Two letters of recommendation
- USMLE, Step 1 scores
- Current transcript
- Immunization record
- Proof of personal & professional liability insurance