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**Department of Emergency Medicine**

**Medical Student Questionnaire**

**Name:**

**Medical School:**

**USMLE Step 1 (P/F)**: **USMLE Step 2 CK score**:

**COMLEX Level 1 score (P/F)**: **COMLEX Level 2 score**:

**Anticipated graduation date**:

**Select all Emergency Medicine rotations at Maimonides in which you are interested:**

EM Sub-Internship (4 weeks)

Pediatric EM (4 weeks)

Ultrasound (4 weeks)

EMS (2 weeks)

EMS / Urban Wilderness (4 weeks)

Simulation (4 weeks)

Toxicology (4 weeks)

Clinical Informatics (4 weeks)

**For each of the rotations selected above, please fill in your top three rotation dates. Refer to VSLO for the specific dates available for each rotation for this academic year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rotation** | **Preference #1** (Rotation date) | **Preference #2**  (Rotation date) | **Preference #3**  (Rotation date) |
| EM Sub-Internship |  |  |  |
| Pediatric EM |  |  |  |
| Ultrasound |  |  |  |
| EMS |  |  |  |
| EMS / Urban Wilderness |  |  |  |
| Simulation |  |  |  |
| Toxicology |  |  |  |
| Clinical Informatics |  |  |  |

1. **Do you plan to apply to the 2025 Emergency Medicine Match?**

Yes

No

1. **Why specifically do you want to do an Emergency Medicine rotation at Maimonides?** *Please limit your response to 300 words or less (Required)*
2. **Have you applied for our Under-Represented Minorities in Medicine (URMM) Scholarship for your rotation at Maimonides?**

Yes

No

1. **Why do you think you would be a great candidate for the URMM Scholarship?**

*For more information about our scholarship opportunities, please visit:*

[*https://www.maimonidesem.org/urm-visiting-students*](https://www.maimonidesem.org/urm-visiting-students)

*Please limit your response to 300 words or less.*