



Children's Mercy

KANSAS CITY

Mercy + ME Visiting Elective Program

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 Native Hawaiian/Other Pacific Islander
- Hispanic/Latino/a/x American Indian/Alaskan Native
- UIM Asian (Vietnamese, Cambodian, Filipino, Indonesian)

Educational Background

Medical School

USMLE step I score Expected Graduation Date
(pass/fail)

USMLE step II score (if taken)

List of Elective Choices in Order of Preference

1. _____
2. _____
3. _____
4. _____
5. _____

How did you hear about the Mercy + ME Elective Program? (Check all that apply.)

COMSEP APPD SNMA AMSA LMSA AAMC

Website
(If yes please identify which site(s) _____)

Conference
Which conference? _____

School Official
Please provide the name of the school and the official.

Social Media (Please check all that apply) Twitter Instagram Facebook

Other

Your application is considered complete when all of the following items are received.

- Resume/CV
- VSLO application
- Letter of recommendation (Professor, Employer, etc...)

Email this form along with CV and Letter of Recommendation to fgturcotte@cmh.edu.

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