



School of Medicine

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

The primary teaching affiliate of the Boston University School of Medicine.

Subsidized Visiting Elective Program (SVEP) Office of Minority Physician Recruitment

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/Latinx American Indian/Alaskan Native
 Other

Educational Background

Medical School

USMLE step I score Expected Graduation Date

USMLE step II score (if taken)

Program Information

Which Boston Medical Center residency program are you planning to apply to?

Are you planning to couples Match? Yes No

COVID-19 Vaccination

It is required of all visiting students to be vaccinated against the COVID-19 virus. Proof of vaccination can be sent to BMC employee health (Working Well) by emailing working.wellclinic@bmc.org before your arrival. Call Working Well at 617-638-8400 for questions and additional information.

How did you hear about the Subsidized Visiting Elective Program? (Check all that apply.)

Conference/Residency Fair SNMA AMSA LMSA AAMC

Website
(If yes please identify which site(s)

Medical School Presentation
Where was the presentation?

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

Other

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

- Completed SVEP application
- Resume/CV
- Formal Transcript (Directly from your registrar's office via email or USPS)
- Professional letter of recommendation (Professor, Employer, etc...)

For questions about the required information email Shawnda.Walker@bmc.org.

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