



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

I self-identify as _____

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

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 What is the name of the official? _____

Other _____

I certify, by checking the box to the left, that all of the information providers on the applications is accurate.