



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Subsidized Visiting Trainee in Addiction Medicine Sponsored by Grayken Addiction Medicine Fellowship

Personal Information

First Name

Last Name

Primary Phone Number

Email Address

Address

City

State

Zip Code

Race/Ethnicity *We identify URM based on the guidelines outlined by the US Census and AAMC*

Check all that apply:

Black/African American

Native Hawaiian/Other Pacific Islander

Hispanic/Latinx

American Indian/Alaskan Native

Other

Educational Background

Medical School _____

Residency Program _____

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) _____)

Residency School Presentation
Where was the presentation? _____

Other

COVID-19 Vaccination

It is required of all visiting residents to be vaccinated against the COVID-19 virus.

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

- Completed application form
- Resume/CV
- Personal Statement

For questions about the required information email Linda.Neville@bmc.org

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