2022 UCSF VISITING ELECTIVE SCHOLARSHIP PROGRAM (VESP) APPLICATION

Because the UCSF Visiting Program will be accepting applications via the VSLO program, the Visiting Elective Program (VESP) will be resuming for the 2022 - 2023 cycle. Some departments may not be offering visiting in-person electives and only offering a virtual program (fill out the Virtual VESP Application if you are interested in that and you will be notified).

If you are applying for an elective in Emergency Medicine, General Surgery, Radiology, or Urology DO NOT APPLY HERE. See below for a link to their separate respective scholarship programs.

Emergency Medicine:
http://emergency.ucsf.edu/visiting-elective-scholarship-program

General Surgery:
https://surgery.ucsf.edu/education--training/medical-students/haile-t-debas-diversity-fellowship.aspx

Orthosurgery:
https://orthosurgery.ucsf.edu/education/medical-students

Radiology:
https://radiology.ucsf.edu/about/diversity/REDR-program
Please continue if you are applying for an elective that is not in any of the above mentioned specialties.

Note: To continue the survey where you left off, save the application link and DO NOT clear your history or cache in your browser. Paste the application link in the same browser you used to start the survey.

Note: If you do not finish the application, your responses will NOT be saved. You will need to return and start the application again.

Please fill in the following information:

What is your first name? 
What is your last name? 
What is your date of birth? (mm/dd/yyyy)
What is your current address (street, city, state, zip)?
What is your permanent address (street, city, state, zip)?
What is your primary email address?
What is an alternate email address?
What is your home telephone number? (Enter a valid US phone number XXX-XXX-XXXX)
What is your mobile phone number? (Enter a valid US phone number XXX-XXX-XXXX)

What salutation do you want people to use to refer to you?

Dr.
Maj.
Miss
Mr.
Mrs.
Ms.
Mx
Prof.

Other

What is your gender identity?

Male
Female
Trans male/Trans man
Trans female/Trans woman
Genderqueer/Gender non-conforming
Different Identity

Please select the set of pronouns you want people to use to refer to you:

She/Her/Hers
He/Him/His
They/Them/Theirs
Ze/Hir/Hirs

Other

Please type in your current U.S. Medical School.

What is your current year at your medical school (please select one)?
3
4

Other
What is your expected date of graduation?
(Please enter a valid date of the form: mm/dd/yyyy)

Do you have a disability (physical or mental impairment that substantially limits one or more major life activities.)?
Yes
No
Decline to state

Which of the following describes your disability(ies)?
Hearing
Visual
Mobility
Other

Do you come from a disadvantaged background?
Yes
No

Please select which category is applicable to you. (Select both if applicable)

Family with an annual income below established low-income thresholds

Social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

Please explain further why you consider yourself disadvantaged (limit 250 words):
Are you first generation in your family to attend college?

Yes

No

What is your racial/ethnic background (please check all that apply)? Please specify.

- African American / Black
- Asian
- Caucasian or White
- Hispanic/Latinx
- Native American / American Indian / Native Alaskan
- Pacific Islander / Native Hawaiian
- Other

Prefer not to disclose
How did you learn about this program?

Personal Statement

Instructions: Please describe your experience in working with underserved populations and future plans continuing that work upon completing residency training. (Max: 1,500 words)
Please upload your current CV in a PDF format.

What is the official name of the elective are you applying for? Which department is it in?

What are the dates for the visiting elective you are applying for?
Students must apply to their department’s clinical elective program through the UCSF School of Medicine and be approved.

http://meded.ucsf.edu/ume/visiting-students

Have you submitted your application through VSAS for your desired elective yet?
Yes
No

Have you been accepted for a visiting elective at UCSF through VSAS yet?
Yes
No

Your application will **NOT** be reviewed until you are granted an elective through VSAS. Please **NOTIFY US** once you are granted an elective so we can proceed with reviewing your application.

**Please remember to submit the following materials:**
- Letter of recommendation **on official letterhead** from a faculty member at your institution who is in the department to which you are applying for the visiting elective. (email to edward.cruz@ucsf.edu)

- An **official** medical school academic transcript. **PLEASE TRY TO SEND US YOUR TRANSCRIPT ELECTRONICALLY IF POSSIBLE.**

Submit all VESP materials via email to Dr. Eddie Cruz-Romero at edward.cruz@ucsf.edu

If you have any questions you can email Dr. Eddie Cruz-Romero at edward.cruz@ucsf.edu