

September 2008

Dear Prospective Primary Care Workshop Applicant:

The University of Kansas School of Medicine will again sponsor the Primary Care Workshop program during the 2008-2009 academic year. This program is designed to provide premedical students with the knowledge and tools needed for a quality primary care shadowing experience.

The program will select up to 40 Kansas resident students per workshop to participate in each workshop

Please note the following application requirements and program information:

- \* An applicant must be a current and permanent Kansas resident and attending an accredited college or university. (An applicant may attend a school outside of the state of Kansas.)
- \* An applicant must have attained sophomore standing as of the date of application.
- \* Applicants must have a minimum 3.25 cumulative grade point average.
- \* In order for an application file to be complete, an applicant must complete the application form and send an official and current copy of the applicant's college transcript/s.

Also, note that all application files must be completed no less than one week prior to the workshop date.

Applicants will receive a written and email notification regarding acceptance into the program soon after their file completion and as space for the workshop allows. Please contact the Office of Premedical Programs at (913) 588-5280 should you have any questions regarding the program or the application process.

Sincerely,  
Amy Meara  
Director of Premedical Programs

# 2009 Primary Care Workshop Program Application

## APPLICANT INFORMATION

\_\_\_\_\_  
Last Name:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Hometown Address

\_\_\_\_\_  
Hometown City

\_\_\_\_\_  
Hometown State

\_\_\_\_\_  
Hometown Zip Code

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Current City

\_\_\_\_\_  
Current State

\_\_\_\_\_  
Current Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Male/Female

\_\_\_\_\_  
Email Prim

\_\_\_\_\_  
ary Phone Number

### ETHNIC INFORMATION

\_\_\_ African American \_\_\_ Asian American \_\_\_ Mexican American

\_\_\_ Native American \_\_\_ Mainland Puerto Rican \_\_\_ Other Hispanic

\_\_\_ White \_\_\_ Other

### PREFERRED WORKSHOP DATE

\_\_\_ January, Kansas City, Kansas

\_\_\_ May, Wichita, Kansas

### ACADEMIC/ENROLLMENT INFORMATION

\_\_\_\_\_  
High School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Year of Grad.

\_\_\_\_\_  
College/University City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Year

\_\_\_\_\_  
of graduation

Level as of your preferred workshop date

\_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

\_\_\_ Post Baccalaureate

Cumulative GPA \_\_\_\_\_

**EXPERIENCE/AWARDS/ACTIVITIES**

Secondary (High School) Honors/Awards:

Post-secondary Honors/Awards:

Extracurricular Activities/Community Service/Volunteer Experiences:

Secondary and Post Secondary Employment History:

Have you had a physician shadowing experience before? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe:

**PERSONAL STATEMENT**

Type or clearly print a statement about your educational plans, career plans and why you are applying for this program. Feel free to include any other relevant information but please limit your statement to this space provided.

By signing below, I certify that the information in this application is my own work and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit all application materials to:

**Amy Meara**  
**Director of Premedical Programs**  
**University of KS – School of Medicine**  
**Mail Stop 1049**  
**3901 Rainbow Blvd.**  
**Kansas City, KS 66160**