**Certificate in Global Medicine**

**Yale University School of Medicine**

**Application for Enrollment**

Medical students are able to pursue a variety of didactic, research, and clinical experiences in global health at Yale. The Certificate program organizes coursework and international experiences into a longitudinal curriculum that a student can complete over four (or five) years of medical school, while maintaining flexibility in terms of both the timing and content of these opportunities. Each student compiles a Global Health Portfolio as he or she completes each portion of the curriculum. A faculty committee in charge of administering the Certificate will review each applicant's portfolio and, if approved, the Certificate will be granted upon graduation from the School of Medicine.

Name

 *First Middle Last*

Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year Address

E-mail Telephone(s)

Year of Matriculation Current Year of Study (1st, 2nd)

Degree(s) sought Expected graduation date

*ie:MD, MD/PhD, MD/MHS, MD/MPH, etc. ie: the year you plan to receive the Certificate*

Career plans after graduation

*ie: residency program (and specialty), research program, etc., if known.*

**Confirmation of student eligibility by Medical School Registrar** (application will not be considered unless this section is complete.)

I certify that the applicant is a registered medical student in good standing.

 Name (please print) Signature of Registrar Date

A complete application must contain:

1. Application Sheet (this page).
2. Proposed Academic Plan to complete certificate requirements.
3. Answers to brief essays about your interest in the Certificate program.
4. A copy of your current CV.
5. A copy of your most recent Yale transcript (request from student affairs).
6. Signature of eligibility from the Medical School Registrar (above).

For Office Use Only:

 Date application received:

 Date application approved or rejected:

 (*circle one)* Signature Date

**Proposed Academic Plan**

**Applicant’s Academic Plan: Graduating in May 20\_\_\_\_\_\_\_\_**

*We understand that the details of this plan may change as you go through medical school, but please provide us with what you anticipate your completed Certificate plan might look like. This will also help you to plan your schedule in completing each requirement of the Certificate.*

|  |  |  |
| --- | --- | --- |
| **Req #** | **Requirement** | **Completed /Anticipated Completion*****Academic Year***  |
| 1.1 | GH Coursework – Global Health Seminar |  |
| 1.2 | GH Coursework – Global Health Elective (please indicate) |  |
| 1.3 | GH Coursework – Medical Microbiology |  |
| 1.4 | GH Coursework – Noncommunicable Diseases |  |
| 1.5 | GH Coursework – Epidemiology and Public Health |  |
| 2 | Scholarly Work – either Thesis on GH topic or non-thesis work on GH topic (please indicate) |  |
| 3 | Global Clinical Elective (please indicate) |  |
| 4 | Language/Culture Appreciation (please indicate) |  |
| 5 | Global Health Leadership (please indicate) |  |
| 6 | Additional Global Health Experience |  |

**Personal Statement**

*Please answer each of the questions below in a few sentences. Answers to all questions should remain on this page. Please do not make the font smaller.*

Why are you interested in the Certificate in Global Medicine Program?

Do you have any prior experience (before medical school) in Global Health, including coursework, clinical work, or research? If so, please briefly describe.

How does the program fit with your training or career goals?

What do you hope to get out of your involvement in the Certificate in Global Medicine Program? What are your expectations as a participant in the program?

Is there anything else you’d like to tell us?