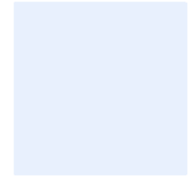


ORTHO 429C: SUBINTERNSHIP IN ORTHOPAEDIC SURGERY

INSERT COLOR PHOTO

Medical students planning to apply to the Duke Orthopaedic Surgery Residency Training Program for the upcoming match season are required to complete this one-page application (PLEASE TYPE – DO NOT HANDWRITE) and submit along with required supporting documentation (as shown below); visiting students should upload to [AAMC-VSAS](#) and Duke students should email to Ms. Thompson. Submitting required application and supporting documents (at the time that you apply through VSAS or at the time that you sign-up through Duke SOM) will guarantee that our office will review your application; as well as, arrange faculty interviews to occur either on a specified Saturday or possibly during your 4-week rotation period).



Name _____ <small>Last, First, Middle, Suffix Preferred</small>	Today's Date _____
Address _____ <small>Street</small>	Birth Date _____
_____	Birthplace _____
_____	Citizenship _____
_____	Military Status _____
Mobile _____	Applying to our Program via ERAS (Yes/ No) _____
Pager _____	Notes: _____
E-Mail _____	_____

Premedical College _____	Degree/ Major _____	Dates _____ <small>Month/ Year</small>
Advanced Work _____	Degree/ Major _____	Dates _____ <small>Month/ Year</small>
Medical School _____	Degree/ Major _____	Dates _____ <small>Month/ Year</small>
Class Rank _____	USMLE Scores _____	AOA Member (Yes/ No/ NA) _____

DUKE STUDENTS ONLY

Faculty Interaction	Faculty with whom you've worked (research, OR, clinic): _____		
Duke Credentials	For Badge Access: _____	Unique ID # _____	Net ID _____ Duke Card # _____

REQUIRED SUPPORTING DOCUMENTATION

Curriculum Vitae	For visiting students, our office will obtain a copy of your CV from VSAS. For Duke students, please submit a copy directly to our office.
Personal Statement	For visiting students, our office will obtain a copy of your learning objectives from VSAS. It is recommended that you include a brief description of your background, educational experience, honors, extracurricular activities, possible research activities, plans for residency training, and future goals. For Duke students, please submit a copy directly to our office.
Reference	For visiting students, our office will obtain a copy of your reference letter from VSAS. It is recommended that the letter come from an Orthopaedist. Reference letters are not required for Duke students.
Transcript	For visiting students, our office will obtain a copy of your medical school transcript from VSAS. For Duke students, please submit a copy directly to our office.

2023-2024 SUB-INTERNSHIP DATES (4 weeks only)

SUMMER TERM 2023

41/ Duke Students Only
42/ Duke Students Only
*43/ June 26 – July 21
*44/ July 24 – Aug 18

FALL TERM 2023

*41/ August 21 – Sept. 15
*42/ Sept. 18 – Oct. 13
*43/ Oct. 16 – Nov. 10
*44/ Nov. 13 – Dec. 8

SPRING TERM 2024

42/ Jan. 29 – Feb. 23
44/ March 25 – April 19

*We are aware that some medical school calendars do not coincide with the [Duke University School of Medicine](#) elective calendar. It is recommended that you coordinate with your home school for approval to visit our program during the predetermined Duke dates. We are confident that your home school will make an effort to accommodate your request if given reasonable advanced notice. Due to the high volume of student applicants, it is not possible to accept students outside of the predetermined Duke dates during Summer Terms 43/44 and Fall 41/42/43/44.

Duke Department of Orthopaedic Surgery Contact:
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<https://ortho.duke.edu/>

Duke University School of Medicine/ VSAS Contact:
Scott Campbell
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<https://medschool.duke.edu/education/student-services/office-registrar/visiting-students>