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| **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**](https://students-residents.aamc.org/attending-medical-school/article/students/) **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 |  | | | | | | |  | |  | |  | Today’s Date | | | | |  | | | | | | | |
|  | Last, First, Middle, Suffix | | | | | | |  | | Preferred | |  |  | | | | |  | | | | | | | |
| Address | |  | | | | | | | | | |  | Birth Date | | | | |  | | | | | | | | |
|  | | Street | | | | | | | | | |  | Birthplace | | | | |  | | | | | | | | |
|  | |  | | | | | | | | | |  | Citizenship | | | | |  | | | | | | | | |
|  | | City, State, Zip | | | | | | | | | |  | Military Status | | | | |  | | | | | | | | |
| Mobile | |  | | | | | | | | | |  | Applying to our Program via ERAS (Yes/ No) | | | | | | | | | | |  | | |
| Pager | |  | | | | | | | | | |  | Notes: | | | | |  | | | | | | | | |
| E-Mail | |  | | | | | | | | | |  |  | | | | | | | | | | | | | |
| Premedical College | | | |  | | | | | | | | | | | | | |  | | | Dates | |  | | |
|  | | | |  | | | | | | | | | | | | | | Degree/ Major | | |  | | Month/ Year | | |
| Advanced Work | | |  | | | | | | | | | | | | | | |  | | | Dates | |  | | |
|  | | |  | | | | | | | | | | | | | | | Degree/ Major | | |  | | Month/ Year | | |
| Medical School | | |  | | | | | | | | | | | | | | |  | | | Dates | |  | | |
|  | | |  | | | | | | | | | | | | | | | Degree/ Major | | |  | | Month/ Year | | |
| 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. | | | | | | | | | | | | | | | | | | | | |
| **2024-2025 SUB-INTERNSHIP DATES *(4 weeks only)*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUMMER TERM 2024** | | | | | | | | | **FALL TERM 2024** | | | | | | | | | | **SPRING TERM 2025** | | | | | | | |
| 41/ April 29 – May 24 (Duke Students Only) | | | | | | | | | \*41/ August 19 – Sept. 13 | | | | | | | | | | 41/ Jan. 6 – Jan. 31 | | | | | | | |
| 42/ May 28 – June 21 (Duke Students Only) | | | | | | | | | \*42/ Sept. 16 – Oct. 11 | | | | | | | | | | 42/ Feb. 3 – Feb. 28 | | | | | | | |
| \*43/ June 24 – July 19 | | | | | | | | | \*43/ Oct. 14 – Nov. 8 | | | | | | | | | | 44/ March 31 – April 25 | | | | | | | |
| \*44/ July 22 – Aug 16 | | | | | | | | | \*44/ Nov. 11 – Dec. 6 | | | | | | | | | |  | | | | | | | |
| \*We are aware that some medical school calendars do not coincide with the [Duke University School of Medicine](https://medschool.duke.edu/education/student-services/office-registrar/visiting-students) 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:  Wendy R. Thompson  (919) 684-3170 🞗 wendy.thompson@duke.edu  <https://ortho.duke.edu/> | | | | | | | | | | | | | | Duke University School of Medicine/ VSAS Contact:  Scott Campbell  (919) 684-8042 🞗 scott.campbell@duke.edu  <https://medschool.duke.edu/education/student-services/office-registrar/visiting-students> | | | | | | | | | | | |