

**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 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	_____	Degree/ Major	_____	Dates	_____
					Month/ Year
Advanced Work	_____	Degree/ Major	_____	Dates	_____
					Month/ Year
Medical School	_____	Degree/ Major	_____	Dates	_____
					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.

**2026-2027 SUB-INTERNSHIP DATES (4 weeks only)**

SUMMER TERM 2026	FALL TERM 2026	SPRING TERM 2027
41/ May 4 – 29 (Duke Students Only)	*41/ August 24 – September 18	42/ February 1 – 26
42/ June 1 – 26 (Duke Students Only)	*42/ September 21 – October 16	44/ March 29 – April 23
*43/ June 29 – July 24	*43/ October 19 – November 13	
*44/ July 27 – August 21	*44/ November 16 – December 11	

\*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:  
 Wendy R. Thompson  
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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>