**Global Health Immersion Program (GHIP)**

**2023 Student Application**

The **completed application** (i.e. this form) , **personal essay**, **decolonizing global health essay,** and **one letter of recommendation** are due by **11:00 PM on Wednesday, January 4th, 2023.**

**The personal essay** should be 1-2 pages, 12pt font, single-spaced, where you outline your interests in global health, your interest in the GHIP experience, and your ideas for future career goals in global health.

**Essay on Decolonizing Global Health** should be no more than 250 words. Decolonizing global health is an essential part of global health work. Please write about your understanding of this topic, and how this will play a role in your GHIP experience.

The **application, personal essay, and letter of recommendation** should be submitted through the 2023 GHIP Application Google Form at: [Form submission](https://forms.office.com/Pages/ResponsePage.aspx?id=W9229i_wGkSZoBYqxQYL0qwAsXxfDHJJkTY2qOFurPtURDdRNEg4WkY2M1MxRllMWVRQOTBEMzlQTi4u)

**Please sign into this form using your UWNETID.**

Late or incomplete applications will not be considered**.**

**Personal Information**

*Leave blank any items not applicable to you.*

|  |  |
| --- | --- |
| **Name** |  |
| **Student ID Number** |  |
| **Address** |  |
| **Cell Phone** |  |
| **Alternate Phone** |  |
| **UW Email** |  |
| **Alternate Email** |  |

**WWAMI Campus:** Check one.

|  |  |
| --- | --- |
|  | Anchorage, Alaska |
|  | Bozeman, Montana |
|  | Laramie, Wyoming |
|  | Moscow, Idaho |
|  | Seattle, Washington |
|  | Spokane, Washington |

**UWSOM Pathways:** Check the box of any Pathway in which you are **currently** enrolled.

|  |  |
| --- | --- |
|  | Global Health Pathway |
|  | Hispanic Health Pathway |
|  | Indian Health Pathway |
|  | Underserved Pathway |
|  | LGBTQ Health Pathway |
|  | Black Health Justice Pathway |

**III Choices:** Indicate which other SOM III programs you are applying for. *(This is to assist in coordination between programs, and does not influence your potential selection into GHIP. Students are encouraged to apply for more than one option to ensure you secure a III experience.)*

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| --- | --- |
|  | Domestic MSRTP (Scholarship of Discovery) |
|  | International MSRTP (Scholarship of Discovery) |
|  | Literature Review (Scholarship of Integration) |
|  | Rural Underserved Opportunities Program (RUOP) |

**INTERNATIONAL PARTNER SITE PREFERECE:**  Assuming there are no big changes with COVID-19, students will be able to travel abroad Summer 2023.

**Please rank the sites below in order of preference, with 1 being your top choice and 6 being your last choice.**

*For more details about the sites, visit the GHIP website at https://globalhealth.washington.edu/academic-programs/medical-student-programs/global-health-immersion-program/application-information. Site partners will assist in the selection process and language skills will be assessed.*

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| **Ranking** | **Country** | **Language and additional information** |
|  | **Dominican Republic** | Conversational Spanish *required* |
|  | **Kenya** | None required |
|  | **Peru** | Conversational Spanish *required* |
|  | **Uganda** | None required |
|  | **Nepal** | None required |
|  | **Senegal** | Conversational French *required* |

**Education**: List in chronological order, beginning with undergraduate training.

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| --- | --- | --- |
| **Institution** | **Dates** | **Degree** |
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**Employment history:**

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| --- | --- | --- | --- |
| **Employer** | **Position** | **Responsibilities** | **Dates** |
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**Honors:** List any academic honors you have received.

**Extracurricular activities**

Please list any extracurricular or other activities that demonstrate experience working with underserved or international populations.

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| --- | --- | --- | --- | --- |
| **Organization** | **Position** | **Responsibilities** | **Hours/ week** | **Dates** |
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**International Experience:**

List any countries where you have lived for at least 2 weeks, participating in an educational program, conducting research, or performing community service. (*Prior experience is not required for participation in GHIP*).

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| --- | --- | --- | --- |
| **Country** | **Program** | **Activities** | **Dates** |
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**Language Abilities:**

If you speak a language other than English, please list the language and rate your fluency.

(1 = beginner, 2 = intermediate, 3 = advanced, 4 = native)

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| **Language** | **Listening comprehension** | **Speaking ability** | **Reading comprehension** | **Writing ability** |
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**Electronic Signature:**

*My name in the box below indicates that the information in this application is true and correct, and that I have read, understand, and agree with the following:*

* I am a first-year medical student at the University of Washington and would like to be considered for the GHIP program.
* I have read and understand the goals, requirements, and objectives of the program. I understand that **GHIP is not a preclinical preceptorship/clinical experience, nor is it research, aside from community assessment activities in the course of the project.**
* I acknowledge that GHIP involves 8 credits of academic work, and that to participate I will be required to sign up for Independent Investigative Inquiry-Part 1 (MEDSCI 501; 6 credits) and Global Health Fieldwork: Preparation, Integration, and Re-entry(GH 572; 2 credits) and Independent Investigative Inquiry-Part 2 (MEDSCI 503, 1 credit) in Fall quarter. I understand that *this is true* *regardless of whether or not my SOM III requirement has been waived*.
* I acknowledge that this year, the GHIP experience will not involve travel due to the ongoing pandemic but will be instead a work from home experience involving regular remote contact with program faculty and international partners via email and ZOOM.
* I am able to attend the virtual GHIP program orientation on the following dates: March 18-19, 2023, and a one day post-orientation in late August/early September 2023, and understand that participation in these sessions is required.
* I agree to meet all program requirements and deadlines to complete the GHIP program successfully.

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| **Signature:** | **Date:** |