

University of Chicago Pediatric Residency Program
Curriculum on Diversity and Cultural Competency
Funding Opportunities

Purpose of Award:

Award Amount:

Sponsoring Organization:

Contact Name:

Contact Phone Number:

Address:

Web Address:

Email:

Due Date:

Requirements:

Other Useful Details:

Submitted by:

Name

Email

Phone Number

Submission Date:

University of Chicago Pediatric Residency Program
Curriculum on Diversity and Cultural Competency
International Electives

Name of Elective:

Location/Country:

Primary Language:

Language Requirement:

Minimum Stay Requirement:

Sponsoring Organization/Academic affiliation:

Contact Name:

Contact Phone Number:

Address:

Web Address:

Email:

Cost/scholarship availability:

What were your duties and responsibilities?

Rate your experience (please circle one): bad, ok, good, great, fantastic

Explain:

Other Useful Details (best time of year to go, how far in advance you need to apply, licensure requirements/visa requirements, living arrangement, etc): please continue on the back of this sheet

Previous Residents Who Have Gone (if applicable):

Submitted by:

Name

Email

Phone Number

Submission Date: