

# Application for Admission

## Master of Health Sciences in Clinical Leadership Program

### Duke University School of Medicine

Duke University offers equal opportunity to all applicants without regard to race, color, creed, sex, age, handicaps or national origin. The questions concerning race, sex and national origin on this application form are for the purpose of meeting Federal reporting requirements.

Note: See separate "Information for Applicants" for complete application instructions. Mail this form to the **Clinical Leadership Program, Department of Community and Family Medicine, Box 2914, Duke University Medical Center, Durham, NC 27710.**

1. \_\_\_\_\_  
Last or Family Name First Middle  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_
2. Country of citizenship \_\_\_\_\_  
If not US Citizen, indicate type of visa you hold \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year
4. Race/National origin (check one) \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Black (not Hispanic) \_\_\_\_\_ Hispanic  
\_\_\_\_\_ American Indian or Alaskan Native
5. E-mail address \_\_\_\_\_
6. Home Telephone Number ( ) \_\_\_\_\_ and Home Mailing Address  
\_\_\_\_\_  
Number and Street City State Zip Code
7. DUMC Affiliation (if any) \_\_\_\_\_ DUMC Box \_\_\_\_\_  
Department Division
8. Work Telephone Number ( ) \_\_\_\_\_ and Mailing Address (if not DUMC)  
\_\_\_\_\_  
Number and Street City State Zip Code
9. Pager Number ( ) \_\_\_\_\_

10. List in chronological order all post-secondary colleges and universities attended:

Institution	Location	From Mo/Yr	Through Mo/Yr	Major Field	Degree or Diploma
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. List in chronological order all graduate, residency, or fellowship training institutions:

Institution	Location	From Mo/Yr	Through Mo/Yr	Field
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have specialty boards or certifications?  No  Yes (please specify) \_\_\_\_\_

12. Beginning with your current or most recent position, list the last three positions that you have held for **six months or longer**:

Institution	Location	From Mo/Yr	Through Mo/Yr	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Do you wish to be considered for admission as a degree candidate or as a non-degree participant? (Check one)

Degree candidate  Non-degree participant

14. Have you taken the General Aptitude Test (GRE) which is required of **all applicants** who do not have a graduate degree?

Yes: Date \_\_\_\_\_ - \_\_\_\_\_  No: Date Scheduled \_\_\_\_\_ - \_\_\_\_\_  N/A  
Month Year Month Year

15. List three individuals who will supply letters of evaluation: (Use forms provided.)

Name	Position	Institution
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16. List any honors, distinctions, prizes or scholarships received:

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17. If you have published papers, list up to three (journal, volume, page numbers and year) and enclose reprints:

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18. Write a brief statement describing your clinical experience:

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19. Write a brief statement describing your administrative experience (program administration, strategic planning, supervision, budget preparation/management, etc.)

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20. Write a brief statement describing your most challenging team experience. What did you learn from this experience?

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21. Write a brief statement stating your career goals and the place of this program in accomplishing those goals:

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22. I hereby certify that the information given by me in this application and attached statements is complete and correct to the best of my knowledge.

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Signature

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Date