

**Department of Orthopaedic Surgery Medical Student Visiting-Rotation Questionnaire Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education:**

**Undergraduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_**

**Medical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected degree: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Other graduate school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**USMLE Step 1 score (3 digit score): \_\_\_\_\_\_**

**Grades on core clerkships (Write “N/A” if rotation not yet completed):**

**Internal Medicine \_\_\_\_\_\_ Psychiatry \_\_\_\_\_\_**

**Pediatrics \_\_\_\_\_\_ Family Medicine \_\_\_\_\_\_**

**Surgery \_\_\_\_\_\_ Neurology \_\_\_\_\_\_**

**OB/GYN \_\_\_\_\_\_**

**Primary Date Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Date Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Choose 2 specialty rotation preferences: Pediatrics Trauma Joints Sports**

**\*How did you become interested in Orthopaedics?**

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**\*Why are you interested in taking an elective with the University at Buffalo, Department of Orthopaedics?**

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**\*Have you had to remediate a class or rotation? Have you been the recipient of disciplinary action while in medical school? If yes, please explain.**

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**Return completed form to:**

**Tammy L. Smith, C-TAGME**

**Medical Education Coordinator**

**University at Buffalo**

**Department of Orthopaedics**

**Phone: 716-898-5053**

**tsmith4@buffalo.edu**