UCLA David Geffen School of Medicine

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INTERNAL MEDICINE CHAIR'S LETTER REQUEST FORM

Instructions:

Please complete this form and attach any available Department of Medicine 400-level subinternship evaluations and your ERAS letter request form. All items may be dropped off at the Chair's Office. If for Dr. Simon, please drop off with Andy Romney, Medical Education Coordinator (Office 7236 - RRUMC; phone: 310-206-2006).

Full Name (Please print clearly) _____

Applying to: ☐Categorical ☐Primary Care ☐Med-Peds ☐Preliminary Medicine ☐ Other: _____

1. What are your ultimate goals in medicine?

2. Please list any subinternships completed in the Department of Medicine and provide evaluations (if available) so that we can include your fourth year Medicine performance.

3. Is there anything else you feel should be highlighted in your letter? (Ex: unique strengths, a representative comment that did not make it into your MSPE, circumstances surrounding clerkship performance that you give permission to disclose, etc.)

Note: Allow at least 2 weeks for letter preparation and upload to ERAS. Letters will be written in accordance with APDIM-CDIM Guidelines foar Department of Medicine Summary Letters.