Underrepresented in Medicine
Acting Internship in Inpatient Pediatrics

Wright State University Boonshoft School of Medicine and Dayton Children's has a commitment to diversity and inclusion among our students, residents and faculty. Physician racial and ethnic diversity is important to our school and hospital as well as the community we serve. We strive for an environment in which all feel welcome, valued and fairly treated in order to reach their full potential.

We will fund 2 visiting acting internship positions from July to January for applicants who identify as underrepresented in medicine (including Black/African American, Hispanic/Latino/Latinx, Native American/Alaska Native, and Native Hawaiian/Pacific Islander). This program will provide a stipend up to $1500 to help defray the cost of an away rotation. The applicant must be a 4th year student attending a U.S. medical school who plans to pursue a career in Pediatrics.

The rotation will include 4 weeks of inpatient hospital medicine with some exposure to night call and continuity clinic.

Selected students will receive:

- Up to $1500 stipend for travel and housing expenses
- Meal card for the month to use at Dayton Children's Hospital
- A resident and faculty mentor who will meet with the student during the rotation, to provide career and professional guidance as well as a personal connection to the community
- Pairing with a resident or faculty member who may share similar interests or experiences

Application Process

- Apply through VSAS to the Wright State University URM specific acting internship
- Completed supplemental application (see below) uploaded with your VSAS application

Applications will be reviewed on a rolling basis by the Residency Diversity and Inclusion faculty mentors and all students will be notified via email regarding the decision

For more information contact Dr. Wendla Sensing (sensingw@childrensdayton.org) or Rebecca Elofskey at 937-641-3453

2022-2023 Academic Year Application

Underrepresented in Medicine Acting Internship in Inpatient Pediatrics Supplemental Application

Last Name: _____ First Name: _____

Email Address: _____ Cell Phone Number: _____

Medical School: _____ Expected Date of Graduation: _____

Race/Ethnicity: ☐Black/African American ☐Hispanic/Latino/Latinx ☐Native American/Alaska Native ☐Native Hawaiian/Pacific Islander ☐Other: _____

Gender Pronouns: ☐She/Her ☐He/Him ☐They/Them ☐Other:_____

Current Address: _____

Where do you call home: _____

How did you become interested in Pediatrics?

What is your specific interest in WSU and Dayton?

Do you have any specific ties to the local/regional area?

Student Signature: _____ Date: _____