**Student Info Form for Career Counseling Appointments - Class of 2024**

*\*Please fill out this form* ***AND*** *upload your updated (draft) CV in your OneDrive Advising folder at least 2 business days prior to your scheduled meeting with your Advising Dean.*

**BACKGROUND INFO:**

**Student Name: Appt. Date / /2023**

**Email: Phone:**

**ACADEMIC PROGRESS:**

**Course failures/course repeats** – if applicable:

**Did you defer any blocks for Step 1 study?**

|  |  |  |
| --- | --- | --- |
|  | Yes | How many Blocks? |
|  | No |

**USMLE Step 1:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pass | Date: | 3-digit score, if applicable:  |
|  | Fail | Date: | 3-digit score, if applicable:  |

If failed, USMLE Step 1 Retake: **Pass Fail** **Date**:

**USMLE Step 2 CK anticipated date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLERKSHIP** (Please list in the order of completion): | **Clerkship Grade:** | **NBME Shelf** **Score** | **NBME Shelf** **Natl %ile** |
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**At this time, please list your specialty choices in order of current priority:**

**Specialty Choice #1:**

**Specialty Choice #2** (if you are still deciding on specialties):

After reviewing your academic progress, including shelf exam percentiles and their strong predictive value for Step 2 CK performance, and the Research section in the Specialty Pathway Handouts (link), please indicate your perceptions of your competitiveness for your 1st or 2nd choice specialty:

I feel I am competitive for my **Specialty Choice #1:**

|  |  |
| --- | --- |
|  | Strongly Agree |
|  | Agree |
|  | Disagree |
|  | Strongly Disagree |

I feel I am competitive for my **Specialty Choice #2**

**– if applicable:**

|  |  |
| --- | --- |
|  | Strongly Agree |
|  | Agree |
|  | Disagree |
|  | Strongly Disagree |

**Are you considering a back-up specialty *– if applicable?***

**Back-up Specialty Choice #1**:

**Back-up Specialty Choice #2**:

**Career Goals** (e.g., fellowships, academic/research focus, etc. *(optional):*

**Geographic preference for residency** (*optional*):

**Additional Info.** (e.g., Gaps, Edge or Dual degree, Couples match, Military, etc.—*if applicable*):

**------------------------------------------------------------------------------------------------------------------------------------**

**\*For post-lottery meeting with Pathway Director, send this completed form, your updated CV and your 4th year schedule to your Pathway Director. For your current 4th year schedule, please take a screen-shot or “Snip” of your DOCCS schedule and paste it below. If you are unable to do that, please fill in your schedule in the table.**

**Year 4 Blocks 2023-2024:**

**(Minimum Required Weeks = 30, Maximum allowed weeks = 46)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Block 1 (6/5-6/30):** |  | **Block 8 (1/1-1/26/24):** |  |
| **Block 2 (7/3-7/28):** |  | **Block 9 (1/29-2/23):** |  |
| **Block 3 (7/31-8/25):** |  | **Block 10a (2/26-3/8):** |  |
| **Block 4 (8/28-9/22):** |  | **Block 10b (3/11-3/22):** | **Transition to Clinician** |
| **Block 5 (9/25-10/20):** |  | **Block 11 (3/25-4/19):**  |  |
| **Block 6 (10/23-11/17):** |  | **Block 12a (4/22-5/3):** |  |
| **Block 7 (11/20-12/15):** |  |  |  |