

**ILLINOIS STATE MEDICAL SOCIETY MEDICAL STUDENT SECTION
2010 MECO PROGRAM STUDENT APPLICATION**

All applications must be **TYPEWRITTEN** or **PRINTED NEATLY and LEGIBLY**. You may attach additional sheets. It is to your advantage to fill out this form in its entirety and return as soon as possible. You will be notified as soon as the match is completed. Do not telephone the ISMS for results.

PERSONAL INFORMATION (TYPEWRITTEN or PRINT NEATLY and LEGIBLY)

Name (Ms.) (Mr.) _____
Present Address _____
City _____ State _____ ZIP _____
Phone (_____) _____
E-Mail Address: _____
Permanent Address _____
City _____ State _____ ZIP _____
Phone (_____) _____

Are you a member of ISMS? (status will be verified) YES _____ NO _____

BACKGROUND INFORMATION

1. Hometown _____
2. Medical School _____ Year 1 ____ 2 ____
3. College/University _____ Location _____
4. Please list any outside interests: _____
5. Do you speak a foreign language? YES ____ NO ____
If yes, I am fluent in _____
6. Have you been involved in medical or paramedical activities outside the medical school curriculum?
Please explain.

MECO PROGRAM RANK PREFERENCE

1. Please list in order of preference hospitals as potential positions.
If room accommodations are needed, please choose only those hospitals that offer housing.
A. _____
B. _____
C. _____
2. If you cannot be placed in any of these hospitals, do you desire to be considered for participation in another hospital? YES ____ NO ____ Exceptions, if any, would be _____
3. Would you accept a position if given notice 1-3 weeks prior to the programs start? YES ____ NO ____
4. Are there any special circumstances which relate to your participation (planned vacation, other commitments)? Please explain; be as specific with dates as possible.

5. Why do you want to participate in the Illinois MECO Program?

6. What are your expectations about this program?

7. Given the opportunity, what specialty or subspecialty would you like to spend additional time studying this summer?

8. What do you plan to do after you have completed all your medical education?
(Please check appropriate responses)
 - a. Practice Only ___ Primary Care ___ Specialty ___ Research Only ___ Unknown ___
Group ___ Solo___
 - b. Involvement in Medical Education: Full-Time ___ Part-Time ___

9. Students who have recruited their own program in a hospital not listed in the 2010 MECO Booklet, please complete the following information (please contact ISMS first):

Physician's Name _____
 Hospital _____
 Address _____
 City _____ State _____ ZIP _____
 Name & Title of Hospital Contact (other than physician) _____

NOTES

1. Certain hospital(s) may accept only male or only female students because of room and board limitations. Refer to hospital descriptions to see if married student housing is provided. Please rank only those hospitals that meet your housing needs. If you already have housing near your ranked programs, please indicate that on your application.
2. If you want confirmation of your application being received, please include a self-addressed, stamped postcard.
3. Please attach additional pages for your responses (if desired).
4. If you are successfully matched, a \$25.00 administrative fee will be requested. **DO NOT SEND THE \$25.00 UNTIL YOU ARE NOTIFIED IN WRITING.** A refund of \$10.00 will be sent after you have completed all of the evaluation materials at the end of the program.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I am a student in good standing and currently enrolled in my medical school program. I have read carefully and agree to abide by the **MECO** program's goals and guidelines (with ISMS and hospital program). If matched and upon agreement to accept the position, I will participate in the **MECO** Program at the hospital at which I am matched and will complete all evaluation forms at the end of the program. In the event I am unable to participate in the program to which I have been assigned, I will notify both the ISMS Medical Student Section and the HOSPITAL. I agree to cooperate with the participating hospital, state agencies and the Illinois State Medical Society in the administration and evaluation of the program.

Signed _____ Date _____

**APPLICATIONS MUST BE RECEIVED BY ISMS NO LATER THAN THE END OF THE BUSINESS DAY,
 FEBRUARY 26, 2010**

Please send completed application to: *Illinois State Medical Society
 MECO Program Attn: N. Samardzija
 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602
 Or Email: nenasamardzija@isms.org or mss@isms.org
 Or Fax: Attn: N. Samardzija, ISMS, 312-782-2023*