

Patient-centered Medicine (PCM) Scholars Program



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE

FAMILY AND COMMUNITY MEDICINE

2024-2025 M1 PCM Scholar Application Form

[Patient-Centered Medicine \(PCM\) Scholars Program](#)

Name: _____

UIN: _____

UIC Email address: _____

Alternate email address: _____

Preferred telephone contact number(s): _____

What field/specialty do you intend to pursue after graduation?

- Family Medicine
- Surgery
- OB/GYN
- Pediatrics
- Other (please specify): _____
- I am undecided at this time

Additional Documents to Submit:

1. A brief (1-2 pages) statement describing “*Why I want to be a PCM Scholar*”.
2. Current curriculum vitae.

Please assemble all application components into a *single document*.

Applications must be received by **June 28, 2024**.

Notifications of acceptance into the Program will be made via email.

Submit all application materials electronically to PCMProgram@uic.edu.

Questions/Concerns? Contact PCMProgram@uic.edu.