

# UNM Department of Orthopedics

# Virtual Information Program

# Confirmation of Enrollment Form

Dear Student,

Thank you for your interest in Orthopedics at the University of New Mexico School of Medicine. This form is to be completed by your Student Affairs Dean (or designee) and returned to [hsc-omsa@salud.unm.edu](mailto:hsc-omsa@salud.unm.edu) prior to consideration for this program.

Sincerely,



Sheila Hickey, MD

Professor of Pediatrics

Associate Dean of Medical Students

Office of Medical Student Affairs

Office: (505) 272-3414

Email: [hsc-omsa@salud.unm.edu](mailto:hsc-omsa@salud.unm.edu)

University of New Mexico School of Medicine

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| --- | --- |
| Student Name: |  |
| Student Email Address: |  |
| Home Institution: |  |
| Specialty of Choice: |  |

I attest that the above-named student is in good standing and applying to the specialty named above.

Name and Title   
  
   
Signature Date