Required spring meeting with SSFA - Class of 2026

| 1) |) Schedule a time to meet with your specialty-specific faculty advisor, as soc | on as |
|----|--|-------|
| | possible after receiving your initial USMLE score/result this spring. | |

- Meetings can be in-person or via zoom
- Your Specialty-Specific Faculty Advisor must be from the official list
- SSFA list is available at: <a href="https://medicine.uiowa.edu/md/curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curriculum/fourth-year-advanced-curriculum/about-curr
- If you've changed specialty interests since last August, you need to select a new advisor

| 2) Requ | ired Self-reflection to share with SSFA: |
|---------|---|
| a. | Honors Hours: courses where your earned H or H-? |
| | If applicable, list those here |
| b. | Any past course failure, clinical exam attempt failure, or additional USMLE attempts? If applicable, list those here |
| с. | How competitive would you rank yourself for matching in your desired specialty? (1= not matching, 10 = no worries, I can match anywhere). 1 2 3 4 5 6 7 8 9 10 |

3) Additional discussion topics for your SSFA meeting:

- Discuss your preparedness and competitiveness in desired specialty
- Review your core and advanced grades
- Reflect on your clinical evaluation scores and feedback
- Discuss how your advanced clerkships have gone so far
- Review your upcoming clerkship schedule and discuss any potential changes
- Review the Guide to Specialty-based Pathways for your specialty, as-needed
- Residency application strategy
- Discuss other questions you may have
- 4) Submit copy of this completed verification form with advisor signature through online survey https://uiowa.qualtrics.com/jfe/form/SV 6mTVoPgh5A80Zi6

| Student Name | | | | |
|------------------------------------|------|--|--|--|
| Current Specialty Interest | | | | |
| Meeting Date with SSFA | | | | |
| | | | | |
| Specialty-Specific Faculty Advisor | | | | |
| Advisor Name (please print) | - | | | |
| Title | - | | | |
| Department | - | | | |
| Signature | Date | | | |
| | | | | |

^{*}This meeting should occur as soon as possible after receiving your first USMLE result.

All meetings must occur no later than April 30th