

4TH YEAR CLERKSHIP APPLICATION

Please return completed application and C.V. to Rugieyatu.Bhonopha@johnmuirhealth.com

PERSONAL INFORMATION

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>		
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
PHONE NUMBER:	<input type="text"/>		
EMAIL ADDRESS:	<input type="text"/>		

MEDICAL SCHOOL

MED SCHOOL NAME:	<input type="text"/>		
TYPE:	<input type="radio"/> ALLOPATHIC		
	<input type="radio"/> OSTEOPATHIC		
ANTICIPATED DATE OF GRADUATION:	<input type="text"/>		
USMLE STEP 1 SCORE:	<input type="text"/>	COMLEX 1 SCORE:	<input type="text"/>

HAVE YOU EVER FAILED THE USMLE STEP 1 OR COMLEX 1? IF SO, PLEASE EXPLAIN:

3RD YEAR ROTATION (CLERKSHIP) GRADES

FAMILY MEDICINE:

PSYCHIATRY:

PEDIATRICS:

ANESTHESIA:

INTERNAL MEDICINE:

SURGERY:

OB/GYN:

EMERGENCY MEDICINE:

**HAVE YOU EVER FAILED OR HAD TO REPEAT A COURSE/ROTATION IN MED SCHOOL?
IF YES, PLEASE EXPLAIN:**

**HAVE YOU HAD ANY INTERUPPTIONS IN YOUR MEDICAL SCHOOL EDUCATION?
IF YES, PLEASE EXPLAIN:**

ROTATION PREFERENCES

BLOCK 1: July 27 - August 21, 2020

BLOCK 2: August 24 - September 18, 2020

BLOCK 3: September 21 - October 16, 2020

BLOCK 4: October 19 - November 13, 2020

BLOCK 5: November 16 - December 11, 2019

BLOCK 6: January 4 - January 29, 2021

1st Choice:

2nd Choice:

3rd Choice:

Please select your rotation of preference:

- Team Based Care (Ambulatory)
- Inpatient/Transitional Care
- I am open to either rotation

Describe your interest in Family Medicine in 200 words or less:

