

**Application for Elective  
Clinical Clerkship**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Local Phone # (if any): \_\_\_\_\_ Permanent Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical School: \_\_\_\_\_

**Medical School Contact (Clerkship Coordinator):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Medical School Year:**

☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> - Expected Graduation: \_\_\_\_\_

**Clinical Clerkship(s) Requested:**

1 <sup>st</sup> Choice		Dates	
2 <sup>nd</sup> Choice		Dates	
3 <sup>rd</sup> Choice		Dates	

**U.S. Medical Students:**

Applications must be submitted a minimum of two months prior to the requested start date of the clerkship.

Documents Required for Medical Student Programs		Attached
<b>Please make sure that the following documentation is included with your application.</b>		
<b>Your application will not be reviewed until it is complete.</b>		
1. CPMC Medical Student Elective Application.		<input type="checkbox"/> Yes
2. Letter from the Dean of your medical school verifying: academic standing, approval of clerkship, and proof of malpractice insurance (responsibility of medical school).		<input type="checkbox"/> Yes
3. Letter of evaluation from the Preceptor on your Preliminary (junior year) rotation for the clerkship you are requesting. A completed evaluation with narrative comments describing your performance is also acceptable. (If you have not completed such a clerkship, an evaluation from another clerkship will be accepted.)		<input type="checkbox"/> Yes
4. Written proof of TB screening ( <i>done within 12 months preceding CPMC rotation</i> ) and vaccinations for Rubella, Rubeola and Hepatitis B.		<input type="checkbox"/> Yes
5. Written proof of personal health insurance (copy of Personal Health Insurance card is acceptable).		<input type="checkbox"/> Yes
6. If applying for an Ophthalmology, Psychiatry, or Radiation Oncology clerkship, a 1-page personal statement describing your interest in pursuing an Ophthalmology, Psychiatry, or Radiation Oncology clerkship at CPMC.		<input type="checkbox"/> Yes or <input type="checkbox"/> N/A
7. For Ophthalmology and Radiation Oncology applicants, USMLE Step 1 score.		
8. "Head shot" photo		<input type="checkbox"/> Yes

Signature \_\_\_\_\_

Date \_\_\_\_\_