**APPLICATION FOR CLERKSHIP**

**SECTION I: To be completed by the Medical Student, including additional checklist items (see page 2)**

**Student’s Name:** (enter your full name and year)

**Address:** (enter your address)

**Telephone Number:** Your direct phone (999)-999-9999

**Medical School:** enter your medical school and location

**Email Address:** enter your direct email address

***Preferred Rotation Schedule: Any combination of the following is considered (4 weeks max)***

| # | Provide 3 available **start - end** dates and your desired rotation option for each | ANY COMBINATIONNo preference | OR CHOOSE FROM THE DROP-DOWN BELOW (Click in cell) |
| --- | --- | --- | --- |
| 1st | \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ | [ ]  Any setting | *Inpatient Only in Sacramento (4 weeks)* |
| 2nd  | \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ | [ ]  Any setting | *Inpatient Only in Sacramento (4 weeks)* |
| 3rd  | \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ |  [ ]  Any setting | *Outpatient Only in Sacramento (4 weeks)* |

*I understand that my application for a clerkship experience does not guarantee that I am approved or accepted by the Sutter Health Family Medicine Program in Davis and/or Sacramento, CA. I also acknowledge that ranking my preferences do not guarantee that I will receive these dates:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Medical Student Date**

**SECTION II: This section must be signed by your School Official**

**Affiliation Status with Sutter Health:**

[ ]  **Yes our school a Sutter Health Valley Hospitals Affiliate**

[ ]  **If NO,** *upon acceptance, the application will be placed on a “****tentative status:*** *pending an affiliation agreement.”*

*The agreement must be in place within* ***30 days*** *of the approved rotation. Please be advised that the contracting process can take up to* ***90 days*** *and your School Official's immediate and continuous correspondence is encouraged to assure completion. You may* ***apply for an affiliation*** *on our website at:* [*https://www.suttermd.com/education/residency/family-medicine/rotations*](https://www.suttermd.com/education/residency/family-medicine/rotations)

**Liability Insurance:** Please specify below

[ ]  **The School provides the following insurance for the Student:** Liability Insurance

[ ]  **The school requires the student to obtain the following insurance:** (check all that apply):

[ ] Commercial General Liability [x] Professional Liability Insurance [ ] Privacy/Cyber Liability Insurance [ ] Workers’ Compensation

**Evaluation: Is an evaluation report required at the end of this clerkship?**

* ***If yes****, please provide the contact information to where the evaluation should be sent.*

**School Official Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Printed Name, Title Direct Email Direct Phone #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of School Official** **Date**

**CLERKSHIP APPLICATION CHECKLIST**

Applications will not be reviewed by our recruitment team until all required checklist items are received.

Please submit applications to sutterfmrp@sutterhealth.org or fax to (916) 503-3711

Due to a high volume of requests, please expect to receive an update within a response period of 30 days.

* **Application signed by medical student and school official.**
* **CV**
* **USMLE and/or COMLEX Part I Scores**
* **Headshot/photo (optional)**
* **Goals & Objectives (short explanation as to what you hope to learn from the rotation and why you are interested in family medicine)**
* **Transcripts (may be unofficial transcripts)**

*NOTE: In preparation of approval, you will be asked separately by our UME Onboarding Coordinator for additional information including but not limited to the following items:*

* **Copy of immunization record (example: MMR, Flu, PPD/TB)**
* **New background check & drug screen (conducted no more than 90 days prior to clinical start date).**
	+ ***Returning students to Sutter will not need to repeat background check and drug screening if continuously enrolled in the program*.**
* **Active health insurance minimally till the end of clinical rotation**
* **Active BLS/CPR**