

Kaiser Permanente Medical Center

Application for 4th Year Student Clerkship Elective

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email Address: _____

Medical School: _____

Medical School Contact (Clerkship Coordinator):

Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Will you be applying to OB/Gyn: Yes No
Will you be applying to Internal Medicine: Yes No

Clinical Clerkship(s) Choices:

- Internal Medicine In-patient (wards) – 4 weeks **Dates:** _____
- Critical Care (ICU) – 4 weeks **Dates:** _____
- Cardiology – 2 weeks **Dates:** _____
- Endocrinology – 2 weeks **Dates:** _____
- GI – 2 weeks **Dates:** _____
- Infectious Disease – 2 weeks **Dates:** _____
- Nephrology – 2 weeks **Dates:** _____
- Pulmonary – 2 weeks **Dates:** _____
- General OB/Gyn – 4 weeks **Dates:** _____

NOTE: 2 Electives each for 2 weeks for a total of 4 weeks. We do not offer any two week rotations.

The following documentation is required before you can start a Clinical Clerkship Rotation.

- ◆ A letter from the Dean of your medical school verifying:
 - Academic Standing
 - Approval of Clerkship
 - Proof of malpractice insurance (responsibility of medical school)
 - Medical School Transcript (Official)
 - Personal Statement (300 words or less)
 - USMLE Step 1 Score (Official)
 - CV
- ◆ Written proof of TB screening and vaccinations for Rubella, Rubeola and Hepatitis B.

Signature: _____ **Date:** _____

Return completed form to: Susan.Krause@kp.org or send to Susan Krause, Graduate Medical Education Office, 710 Lawrence Expressway, Dept. 384, Santa Clara, CA 95051 or Fax: (408) 851-3839