
International Clinical Clerkships
Program Application

*required

Full Name*:

Address*:

Phone Number*:

Email address*:

Citizenship*:

Visa Status*:

If no, do you require a letter of support?:

Medical School(s) Attended (Name of school and address)*

If currently attending (Please check year)* 3rd__ 4th__ Graduate__

Dates Attended*:

Step I score:

Step II CK score:

Step II CS score:

Step III score:

ECFMG Certified:

Do you need housing?:

Rotations of interest

List below clinical rotations you wish to participate in along with start date and duration.

(Minimum of 4 weeks per rotation. Please visit website for full available list of rotations.)

1st choice (rotation):

Start date:

2nd choice(rotation):

Start date:

3rd choice(rotation):

Start date:

Please list additional rotations of interest:

By submitting, I understand that if my application for clinical rotations is approved, I am responsible for obtaining my own visa along with all costs related to travel, living expenses, malpractice insurance and required immunizations.