

## CLERKSHIP/ELECTIVE APPLICATION

Student's Name: \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Medical School: \_\_\_\_\_

Medical School Address: \_\_\_\_\_

Medical School Year: \_\_\_\_\_ Languages/fluency: \_\_\_\_\_

Step 1/ COMLEX Scores: \_\_\_\_\_ Step 2/COMLEX Scores (If available): \_\_\_\_\_

What makes you want to train in Southern California? \_\_\_\_\_

Premedical School, dates, degree: \_\_\_\_\_

Name of Medical School Dean/phone #: \_\_\_\_\_

Current Coordinator Name & Email: \_\_\_\_\_

Emergency contact name/phone #: \_\_\_\_\_

Career Goals: \_\_\_\_\_

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

I hereby apply for clinical clerkship experience at the Eisenhower Medical Center, Rancho Mirage CA. I would like to begin this 4 week rotation during the following dates:

(1st choice) \_\_\_\_\_, (2nd choice) \_\_\_\_\_, or (3rd choice) \_\_\_\_\_

This clerkship is a/an (check): \_\_\_\_\_ requirement \_\_\_\_\_ elective

Desired Clerkship/Elective: \_\_\_\_\_

**\*\*Clerkship/Electives Available to All Medical Students:** Emergency Medicine Elective & Family Medicine Inpatient Sub-Internship.

**\*\* Clerkship/Electives Available to USC or UCR Students Only:** Cardiology Elective, Dermatology, Family Medicine Clerkship, Gastroenterology, Geriatrics Elective, HIV Elective, Hospitalist, Nephrology Elective, Rheumatology, Sub-I Elective, Sports Medicine Elective

\_\_\_\_\_  
Signature of Medical Student

\_\_\_\_\_  
Date