



Request for Medical Student Clerkship at JAX

Last Name

First Name

Middle Initial (if no middle initial, please enter "NMN")

SSN (Last 4)

Email Address (School)

(Personal)

Contact Phone #

Name of Medical School

Year student will be at the time of clerkship: OMS-3 OMS-4

Are you : USUHS HSPS HPCP Resident Other

On AT orders: Yes No

Rank:

Branch of Service Army Air Force Navy Marines Coast Guard

Type of clerkship you would like to do:

1. Outpatient Family Medicine
2. Inpatient Family Medicine

3. Combination

4. Other: (Describe)

Dates of Clerkship: From: (mm/dd/yyyy) To: mm/dd/yyyy

Alternate dates: From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Requirements from school during rotation?

Osteopathic Call

Other (specify)

Do you wish to interview while on rotation: Yes No

(If yes, please bring your curriculum vitae, personal statement, board scores, and a recent photo – doesn't have to be in uniform)

Additional comments: