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: ○MS-3 ○MS-4

Are you : ○USUHS ○HPSP ○ 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:

Clear