

# Kaiser Permanente Medical Center

## Application for 4<sup>th</sup> 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: \_\_\_\_\_

### Clinical Clerkship(s) Choices:

Internal Medicine In-patient (wards) – 4 weeks **Dates:** \_\_\_\_\_

Emergency Medicine – 4 weeks **Dates:** \_\_\_\_\_

General OB/Gyn – 4 weeks **Dates:** \_\_\_\_\_

High Risk OB/Gyn – 4 weeks **Dates:** \_\_\_\_\_

### 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)
- Verification of HIPAA Training

Written proof of TB screening and vaccinations for Rubella, Rubeola and Hepatitis B.

A copy of your medical school transcript

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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