

JPS Health Network

Application for Medical Student Clinical Clerkship Form

Name: _____

Current Street Address: _____

Current City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____

Preferred Email: _____

This rotation is a(n): Core rotation Elective rotation

Rotations Available:

Anesthesia	Cardiology	Emergency Medicine
Family Medicine	Geriatric Medicine	ICU
Neurology	Obstetrics & Gynecology	Orthopaedic Surgery
Psychiatry	Surgery	

Rotation Requested (one per application): _____

Dates Requested:

1st Choice:

From: _____

To: _____

2nd Choice:

From: _____

To: _____

3rd Choice:

From: _____

To: _____

Undergraduate College or University: _____

Medical School: _____

City & State of Medical School: _____

Classification during requested rotation dates: MS3 MS4

Do you plan to apply to JPS for post-graduate training? Yes No

If YES, please list specialty or internship: _____

Do you plan to enter a residency NOT offered at JPS? Yes No

If YES, please list specialty or internship: _____

How did you hear about JPS?

Please explain why you want a clerkship at JPS and what you will gain from your experience:

If accepted for a clinical clerkship at John Peter Smith Hospital, I will obey all policies and procedures of the hospital regarding processing in and clearing all records upon my termination. If I do not follow these policies, I understand that I will not receive credit for this clerkship time.

Applicant's Signature _____ Date _____

In order for your application to be processed, please submit the following documents:

- *Letter of Good Standing from Medical School*
- *Verification of Malpractice Insurance*
- *Copy of Health Insurance card*
- *Proof of Immunizations: annual TB test; MMR; varicella; Tdap; annual flu shot; HbsAB or Hep B immunization*
- *Copy of USMLE and/or COMLEX Scores*
- *Transcript sent directly from Medical School*
- *JPS currently requires a \$25.00 non-refundable fee per application. Please submit a check for \$25.00 payable to John Peter Smith Hospital.*

All materials should be submitted to:

Margie Behringer

Sr. Undergraduate Medical Education Coordinator

Academic Affairs, JPS Health Network

1500 South Main Street, Fort Worth, TX 76104

Ph: (817) 702-1407 Fax: (817) 702-1668

mbehring@jpshealth.org

Academic Affairs Use Only:

Not Approved

Approved:

Rotation Requested: _____

Date Beginning: _____ Date Ending: _____

Program Director/Chairman

Date