California Pacific Medical Center
A Sutter Health Affiliate

Return completed application to:
Graduate Medical Education, Attn Clara Rubin-Smith
2351 Clay Street, Suite 380, San Francisco, CA 94115
cpmcstudents@sutterhealth.org or fax to: 415-775-7437

Application for Elective Clinical Clerkship

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Local Phone # (if any): _____ Permanent Phone: _____

Email: _____

Medical School: _____

Medical School Contact (Clerkship Coordinator):

Name: _____

Address: _____

Phone: _____ Fax: _____

Medical School Year:

☐ 3rd ☐ 4th - Expected Graduation: _____International Students: Year _____ of _____

Clinical Clerkship(s) Requested:

1st Choice		Dates	
2nd Choice		Dates	
3rd Choice		Dates	

International Students:
All paperwork must be completed and received by the GME Office a minimum of 3 months in advance of the requested rotation. There is a processing fee of US$50, and please note that we do not sponsor Visas. Please do not book travel until your application is complete and has been approved.

U.S. Medical Students:
Applications must be submitted a minimum of two months prior to the requested start date of the clerkship.

Documents Required for Medical Student Programs	
Please make sure that the following documentation is included with your application. Your application will not be reviewed until it is complete.	
1. CPMC Medical Student Elective Application.	□ Yes
2. Letter from the Dean of your medical school verifying: academic standing, approval of clerkship, and proof of malpractice insurance (responsibility of medical school).	□ Yes
3. Letter of evaluation from the Preceptor on your Preliminary (junior year) rotation for the clerkship you are requesting. (If you have not completed such a clerkship, an evaluation from another clerkship will be accepted.)	□ Yes
4. Written proof of **TB screening** (*done within 12 months preceding CPMC rotation)* and vaccinations for **Rubella**, **Rubeola** and **Hepatitis B**.	□ Yes
5. Written proof of personal health insurance (copy of **Personal Health Insurance card** is acceptable).	□ Yes
6. If applying for Ophthalmology clerkship, a 1-page personal statement describing your interest in pursuing an Ophthalmology clerkship at CPMC.	□Yes or □ N/A
7. For international students, check in the amount of US$50 made out to "Graduate Medical Education – CPMC".	□ Yes

Signature Date