Greetings!

Thank you for your interest in the Internal Medicine Residency at Kaiser Permanente Fontana Medical Center. Attached is our application for Clerkship. We offer the following experiences:

- Inpatient Medicine Wards (1 - 2 slots monthly)
- Pulmonary Medicine (1 slot monthly)
- ICU Rotation (1 slot monthly)
- Ambulatory Clinic (1 slot monthly)

All applications are reviewed on a case-by-case basis and must be complete before they are reviewed/approved. Process is as follows:

1. Completed application is received with all supporting documents.
2. Calendar is reviewed for open slots, we require a minimum of 3 choices.
3. If there is availability, application is reviewed.

Applicant will be emailed upon approval, denial, or if there are no slots available. Please allow up to 4 weeks for complete approval process before you follow up with the office. You may email your application or send via US mail, FAX is not accepted. We understand that your school may need to send documents separately; again, email is acceptable.

We reserve the right to deny applications based on academic performance or test scores. Our clerkship program is very competitive and we have a number of applications that come through VSLO. All slots are first-come, first-served, based on receipt of complete application.

Sincerely,

Ann Sherfey  
Administrative Assistant

Rebecca Renteria  
Program Administrator

Internal Medicine Residency  
Kaiser Permanente Fontana Medical Center

Attachments (2)
Name (please print) __________________________________________________________

Current Address: ____________________________________________________________

Permanent Address: _________________________________________________________

Phone Numbers: Cell: ____________________________________ Home: __________________

Email: __________________________________________________________________________

Title: Medical Student - ____ yr. Specialty of Interest/Training _____________________________

Have you been awarded a Kaiser Permanente scholarship? □ Yes □ No If so, please provide name of the award and year:
____________________________________________________________________________________________________

Have you completed a previous clinical rotation with Kaiser Permanente? □ Yes □ No If yes, please specify date, location, specialty, name of mentor:
____________________________________________________________________________________________________

**ROTATION DATES REQUESTED**

<table>
<thead>
<tr>
<th>Available Specialties:</th>
<th>Ambulatory Clinic</th>
<th>MS3 &amp; MS4</th>
<th>Inpatient Wards; ICU; Pulmonary</th>
<th>MS4 only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 2</td>
<td>7/29/19-8/25/19</td>
<td>Block 3</td>
<td>8/26/19-9/22/19</td>
<td>Block 4</td>
</tr>
<tr>
<td>Block 4</td>
<td>9/23/19-10/20/19</td>
<td>Block 5</td>
<td>10/21/19-11/17/19</td>
<td></td>
</tr>
<tr>
<td>Block 6</td>
<td>11/18/19-12/15/19</td>
<td>Block 7</td>
<td>12/16/19-1/12/20</td>
<td>Block 8</td>
</tr>
<tr>
<td>Block 8</td>
<td>1/13/20-2/9/20</td>
<td>Block 9</td>
<td>2/10/20-3/8/20</td>
<td></td>
</tr>
</tbody>
</table>

**YOU MUST INDICATE A MINIMUM OF 3 CHOICES, NOT NECESSARILY IN THE SAME SPECIALTY. FAILURE TO DO SO MAY DELAY PROCESSING!**

Rotation Specialty _______________________________________ 1st Choice: ________ to ________
Rotation Specialty _______________________________________ 2nd Choice: ________ to ________
Rotation Specialty _______________________________________ 3rd Choice: ________ to ________
Rotation Specialty _______________________________________ 4th Choice: ________ to ________
Rotation Specialty _______________________________________ 5th Choice: ________ to ________
Rotation Specialty _______________________________________ 6th Choice: ________ to ________
Rotation Specialty _______________________________________ 7th Choice: ________ to ________
Rotation Specialty _______________________________________ 8th Choice: ________ to ________
Rotation Specialty _______________________________________ 9th Choice: ________ to ________
Rotation Specialty _______________________________________ 10th Choice: ________ to ________
Kaiser Permanente Southern California – Clinical Rotation Application
for Internal Medicine, SBC – Fontana (for MS3 & MS4-IMG)

MEDICAL EDUCATION

Medical School ____________________________________________
Address __________________________________________________

STREET                       CITY                       STATE                       ZIP

Country __________________ Start Date: ___________________ Graduation Date (or expected):__________________

Contact: ________________________________________ Email:_______________________________________________

PRE-APPROVAL DOCUMENTS INCLUDED WITH THIS APPLICATION

Enclosed?

☐ Letter of Agreement and Good Standing from Dean of Student Affairs ☐ Yes ☐ No
☐ Official Medical School Transcript ☐ Yes ☐ No
☐ Copy of USMLE or COMLEX Transcript ☐ Yes ☐ No
☐ Personal Statement/Letter of Intent ☐ Yes ☐ No
☐ Curriculum Vitae ☐ Yes ☐ No
☐ Copy of License/Photo ID ☐ Yes ☐ No

Personal Statement should address the following questions (be specific and detailed):

• Why do you want to rotate with Kaiser Fontana?
• Why do you want to rotate in the department of choice?
• What are your future plans in medicine?

EXAMINATIONS/LICENSURE/CERTIFICATIONS

Please list the scores for the examinations you have completed:

USMLE: Step I _____________ Step II _____________ Step III ________________
COMLEX: Part I _____________ Part II _____________ Part III ________________

NBME, Part I score ____________ NBME, Part II ___________

Do any of these scores reflect multiple examination attempts? ☐ Yes ☐ No
If yes, please specify test and number of attempts: ______________________________________________________

Please complete all, as applicable:

Medical License # and State __________________ Exp. Date __________ DEA# ___________ Exp. Date __________

Do you have any of the following certifications? ☐ BLS Exp. Date __________ ☐ ACLS Exp. Date __________

ATTESTATION

I attest that I am in good standing with my program and the information I have provided within this application is truthful and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from this position. I further declare that by submitting this application, I authorize the Kaiser Permanente and its representatives to contact persons associated with hospitals and institutions at which I have studied or trained and well as individuals whose names I have submitted in connection with this application. I hereby release from liability all representatives of the hospital and its professional staff for references performed in good faith in connection with evaluating my application and credentials; and release from liability all individuals and organizations that in good faith provide information to Kaiser Permanente, including otherwise privileged or confidential information.

Applicant Signature_________________________________________ Date: ______________________

ATTN: AMERICAN UNIVERSITY OF THE CARIBBEAN (AUC) STUDENTS MUST HAVE COMPLETED ALL CORE ROTATIONS AT KERN COUNTY, PROVIDE AN EVALUATION FROM A PREVIOUS ROTATION, AND HAVE A MINIMUM SCORE STEP 1 OF 200.