

**KAISER PERMANENTE SOUTHERN CALIFORNIA - ORANGE COUNTY MEDICAL AREA
STUDENT - CLINICAL ROTATION APPLICATION – OTO/ENT**

Legal First Name:	Middle Name:	Legal Last Name:	Maiden/Other Name:
Current Address:		City, State, Zip:	Gender: Male Female
Permanente Address:		City, State, Zip:	
Email address:	Cell Phone:	Pager:	

Which year of medical school will you be in during the time that you would like to rotate with us:

3rd Year **4th Year** **Other (please specify)**

ROTATION DATES REQUESTED

Please list the medical student rotation that you are interested in

(If all three choices are not filled in – your approval process could be delayed)!!

Rotation:	Start Date:	End Date:
1.		
2.		
3.		

Which field of medicine do you see yourself entering following medical school? (IE. Residency)

MEDICAL SCHOOL INFORMATION

Medical School Name:	
Address:	City/State/Country:
Start Date: <i>Month / Year</i>	Anticipated Graduation Date: <i>Month / Year</i>

PREVIOUS KAISER PERMANENTE EXPERIENCE

Have you completed a pervious clinical rotation at a Kaiser Permanente facility? **No** **Yes**

If yes, please specify date, location, specialty, and mentoring physician:

ADDITIONAL QUESTIONS:

Have you completed a general surgery rotation? **Yes** **No**

Do you speak any other languages? If yes, what is your level of fluency (fair, very good, or fluent)?

Please let us know if there is any time off that you will be requesting/needing.

DOCUMENTS INCLUDED WITH THIS APPLICATION

REQUIRED PRE- APPROVAL DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION – PLEASE CHECK

- Copy of **USMLE Scores (M.D. Candidates)**
- Copy of **COMLEX and USMLE Scores (D.O. Candidates)**
- Brief Personal Statement
- Your personal statement should address the following questions (Be specific)
 - **Why do you want to rotate with Kaiser Orange County?**
 - **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	USMLE, Step II	USMLE, Step III
COMLEX, Part I	COMLEX, Part II	COMLEX, Part III

Do any of these scores reflect multiple examination attempts? **PLEASE NOTE: FAILED FIRST ATTEMPTS ARE NOT ACCEPTED FOR FAMILY MEDICINE ROTATIONS WITHOUT SIGNIFICANT IMPROVEMENT ON SUCCESSFUL SECOND ATTEMPT.** If yes, please specify test and number of attempts.

Please complete all that are applicable:

Certification	Number	Expiration Date	Certification	Expiration Date
Medical License # and State			BLS	
DEA #			ACLS	
Fluoroscopy			PALS	

APPLICATION 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: APPLICATION FOR ROTATIONS IN ORANGE COUNTY MAY BE ACCEPTED FROM STUDENTS CURRENTLY ENROLLED IN A U.S. ACCREDITED MEDICAL SCHOOL PROGRAM ONLY; INTERNATIONAL STUDENTS MAY APPLY THROUGH <http://www.medstudent.ucla.edu/visitingstudents> FOR INFORMATION