

Name (please print) _____

Current Address: _____
STREET CITY STATE ZIP

Permanent Address: _____
STREET CITY STATE ZIP

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

Internal Medicine Primary Clinic				Family Medicine Primary Clinic			
Block 2 7/26/21- 8/22/21	Block 3 8/23/21- 9/19/21	Block 4 9/20/21- 10/17/21	Block 5 10/18/21- 11/14/21	Block 2 7/26/21- 8/22/21	Block 3 8/23/21- 9/19/21	Block 4 9/20/21- 10/17/21	Block 5 10/18/21- 11/14/21
Block 6 11/15/21- 12/12/21	Block 7 12/13/21- 1/9/22	Block 8 1/10/22- 2/6/22	Block 9 2/7/22- 3/6/22	Block 6 11/15/21- 12/12/21	Block 7 12/13/21- 1/9/22	Block 8 1/10/22- 2/6/22	Block 9 2/7/22- 3/6/22
Block 10 3/7/22- 4/3/22	Block 11 4/4/22- 5/1/22	Block 12 5/2/22- 5/29/22	Block 13 5/30/22- 6/26/22	Block 10 3/7/22- 4/3/22	Block 11 4/4/22- 5/1/22	Block 12 5/2/22- 5/29/22	Block 13 5/30/22- 6/26/22

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 _____

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Official Medical School Transcript	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of USMLE or COMLEX Transcript	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Statement/Letter of Intent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Curriculum Vitae	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of License/Photo ID	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.