

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 8/1/22- 8/28/22	Block 3 8/29/22- 9/25/22	Block 4 9/26/22- 10/23/22	Block 5 10/24/22- 11/20/22	Block 2 Closed	Block 3 8/22/22- 9/18/22	Block 4 9/19/22- 10/16/22	Block 5 10/17/22- 11/13/22
Block 6 11/21/22- 12/18/22	Block 7 12/19/22- 1/15/23	Block 8 1/16/23- 2/12/23	Block 9 2/13/23- 3/12/23	Block 6 11/14/22- 12/11/22	Block 7 12/12/22- 1/8/23	Block 8 1/9/23- 2/5/23	Block 9 2/6/23- 3/5/23
Block 10 3/13/23- 4/9/23	Block 11 4/10/23- 5/7/23	Block 12 5/8/23- 6/4/23	Block 13 6/5/23- 6/30/23	Block 10 3/6/23- 4/2/23	Block 11 4/3/23- 4/30/23	Block 12 5/1/23- 5/28/23	Block 13 Closed

**\*FM Applicants may request own dates**

**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 \_\_\_\_\_

