Kaiser Permanente Southern California – Clinical Rotation Application 23-24

SBC – Fontana (MS3 applicants only)

Nam	ne (please prin	t)								
Curr	ent Address:									
		STR	EET				CITY	STATE	ZIP	
Perr	nanent Addres	SS:STR	EET				CITY	STATE	ZIP	_
Pho	ne Numbers: (Cell:				Home:				
Ema	nil:						-			
			yr. Special	ty of Interest/	/Training _					
						□No If so, p				ar:
	e you complete cialty, name of		clinical rotation	on with Kaise	er Perman	ente?	☐ No If yes, p	lease specify	date, location	— 1,
RO ⁻	FATION DAT	TES REQUE		nic		Fan	nily Medicine	Primary Clin	ic	
					1					
	Block 2 7/31/23-	Block 3 8/28/23-	Block 4 9/25/23-	Block 5 10/23/23-		Block 2	Block 3 8/28/23-	Block 4 9/25/23-	Block 5 10/23/23-	
	8/27/23	9/24/23	10/22/23	11/19/23		Closed	9/24/23	10/22/23	11/19/23	
	Plack C	Block 7	Diagle 0	Block 9		Block 6	Block 7	Block 8	Block 9	
	Block 6 11/20/23-	12/18/23-	Block 8 1/15/24-	2/12/24-		11/20/23-	12/18/23-	1/15/24-	2/12/24-	
	12/17/23	1/14/24	2/11/24	3/10/24		12/17/23	1/14/24	2/11/24	3/10/24	
	Block 10	Block 11	Block 12	Block 13		Block 10	Block 11	Block 12	Block 13	
	3/11/24-	4/8/24-	5/6/24-	6/3/24-		3/11/24- 4/7/24	4/8/24- 5/5/24	5/6/24- 6/2/24	Closed	
	4/7/24	5/5/24	6/2/24	6/30/24	l		licants may r			
YO	U MUST INDICATI	E A MINIMUM OI	F 3 CHOICES, N	OT NECESSAR	ILY IN THE	SAME SPECIALTY		<u> </u>		g!
Dota	ation Specialty					1	at Chaina:	to		
							st Choice:	ເບ		
Rota	ation Specialty					2	nd Choice: _	to		
Rotation Specialty						3	rd Choice: _	to		
Rotation Specialty						4	th Choice: _	to		
Rotation Specialty						5	th Choice: _	to		
Rotation Specialty						6	th Choice: _	to		
Rota	ation Specialty					7	th Choice: _	to		
Rota	ation Specialty					8	th Choice: _	to		
Rotation Specialty						9	th Choice: _	to		
Rota	ation Specialty					1	0th Choice: _	to		

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Address				
Country	STREET	CITY		STATE ZIP
,	Start Date: _	G	raduation Date	(or expected):
Contact:		Email:		
PRE-APPROVAL	DOCUMENTS INCLU	DED WITH THIS APPLIC	CATION	Enclosed?
Official M Copy of L Personal Curricului	edical School Transcrip JSMLE or COMLEX Tra Statement/Letter of Inte	anscript	dent Affairs	Yes No
Why doWhy do	you want to rotate with	he department of choice?	ons (be speci	fic and detailed):
EXAMINATIONS	LICENSURE/CERTIF	ICATIONS		
Please list the sco	res for the examinations	s you have completed:		
USMLE: Step I	Step II _	Step III		_
		Port III		
COMLEX: Part I	Part II	Fait III		
	Part II NBME, F			
NBME, Part I score	NBME, F		s □No	
NBME, Part I score Do any of these so	NBME, F	Part II		
NBME, Part I score Do any of these so If yes, please spec	NBME, F cores reflect multiple ex- cify test and number of a	Part II amination attempts?		
NBME, Part I score Do any of these so If yes, please spec Please complete a	NBME, F cores reflect multiple ex- cify test and number of a II, as applicable:	Part II amination attempts?		Exp. Date
NBME, Part I score Do any of these so If yes, please spec Please complete a Medical License # a	NBME, Forces reflect multiple exactly test and number of a ll, as applicable: and State	Part II amination attempts?	DEA#	Exp. Date

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