

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 7/31/23- 8/27/23	Block 3 8/28/23- 9/24/23	Block 4 9/25/23- 10/22/23	Block 5 10/23/23- 11/19/23	Closed	Block 3 8/28/23- 9/24/23	Block 4 9/25/23- 10/22/23	Block 5 10/23/23- 11/19/23
Block 6 11/20/23- 12/17/23	Block 7 12/18/23- 1/14/24	Block 8 1/15/24- 2/11/24	Block 9 2/12/24- 3/10/24	Block 6 11/20/23- 12/17/23	Block 7 12/18/23- 1/14/24	Block 8 1/15/24- 2/11/24	Block 9 2/12/24- 3/10/24
Block 10 3/11/24- 4/7/24	Block 11 4/8/24- 5/5/24	Block 12 5/6/24- 6/2/24	Block 13 6/3/24- 6/30/24	Block 10 3/11/24- 4/7/24	Block 11 4/8/24- 5/5/24	Block 12 5/6/24- 6/2/24	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 _____

