

## SFORP CLERKSHIP PROGRAM

### MEDICAL STUDENT CONTACT INFORMATION

PLEASE PRINT CLEARLY THE BELOW PERSONAL INFORMATION  
AND SUBMIT WITH YOUR APPLICATION.

<b>Name:</b>	
<b>Medical School:</b>	
<b>Home:</b>	<b>Cell:</b>
<b>Date of Birth:</b>	<b>Email:</b>
<b>Dates of Rotation:</b>	
<b>Emergency Contact Information</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship to Student:</b>	

(Below information is for office use only)

- |   |   |
|---|---|
| <input type="checkbox"/> Application                | <input type="checkbox"/> Initial Confirmation Sent                  |
| <input type="checkbox"/> CV/Summary                 | <input type="checkbox"/> Medical Student Contract                   |
| <input type="checkbox"/> Copy of 1 <sup>st</sup> TB | <input type="checkbox"/> Initiate <input type="checkbox"/> Approved |
| <input type="checkbox"/> Copy of 2 <sup>nd</sup> TB | <input type="checkbox"/> Background Clearance                       |
| <input type="checkbox"/> Copy of Mask Fit Test      | <input type="checkbox"/> Final Confirmation Letter                  |
| <input type="checkbox"/> Immunization Records       | <input type="checkbox"/> Program Evaluation                         |
| <input type="checkbox"/> Certificate of Insurance   | <input type="checkbox"/> Highland Rotation Forms                    |
| <input type="checkbox"/> Step 1 Score               |   |