



**APPLICATION FOR INTERNAL MEDICINE SUB-INTERNSHIP**

**SECTION I:** To be completed by student – (please print or type)

I would like to apply for an elective clerkship during the following time:

Requested Rotation Dates: \_\_\_\_\_ to \_\_\_\_\_  
(From/To)                      1<sup>st</sup> Choice                      2<sup>nd</sup> Choice                      3<sup>rd</sup> Choice

Students Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Residence)

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City/State: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION II:** Dean or authorized official of student's medical school to complete:

A letter on school's letterhead w/contact numbers certifying that the following is true:

1. Student is/will be in their 4<sup>th</sup> year of medical school at the time of proposed rotation.
2. Student is currently in good standing and is authorized to participate in an elective clerkship at St Mary's Medical Center during timeframe requested (please note dates in letter).
3. Student's school's malpractice insurance covers the student away from his/her school (minimum coverage is \$1,000,000 per incident / \$3,000,000 aggregate).
4. Student has received training in HIPAA requirements through their school.
5. Student's personal health insurance coverage is in effect away from his/her school
6. At conclusion of clerkship, student's school provides an evaluation form for completion.