



**SMMC INTERNAL MEDICINE CLERKSHIP PROGRAM  
MEDICAL STUDENT CONTACT INFORMATION**

**PLEASE COMPLETE AND SUBMIT WITH YOUR APPLICATION.**

<b>Name:</b>	
<b>Medical School:</b>	
<b>Home #:</b>	<b>Cell #:</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:**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <b>Copy of current TB</b>       | <b>CV/Summary Collected</b>      |
| <b>Copy of student ID</b>       | <b>Background Clearance</b>      |
| <b>Medical student contract</b> | <b>Program Evaluation</b>        |
| <b>Certificate of Insurance</b> | <b>Final Confirmation Letter</b> |