

Medical Student Clerkship Application

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| Please select what type of rotation you are interested and if you are a first-time student at NGHS or a returning student. | |
| <input type="checkbox"/> FIRST ROTATION AT NGHS | <input type="checkbox"/> RETURNING STUDENT |
| Rotation Dates: | |
| Type of rotation: | |
| If choosing other or subspecialty, please list the specifics: | |

| APPLICANT INFORMATION | | | |
|--|----------------|--------------------------|-------|
| Last Name: | First Name: | M.I.: | Date: |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: | ERAS # (if available): | |
| School Issued Email: | | Primary Phone: | |
| Emergency Contact Name: | | Emergency Contact Phone: | |
| Do you require a J-1 Visa after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| USMLE scores | | COMLEX scores | |
| Step 1 | | Level 1 | |
| Step 2 CK | | Level 2 CE | |
| Step 2 CS | | Level 2 PE | |
| Grade you received for the specialty area you are applying for | | | |
| Please briefly explain any failed USMLE or COMPLEX tests: | | | |
| | | | |

| SCHOOL/PROGRAM CONTACT INFORMATION (OFFICIAL DESIGNATED TO RECEIVE CORRESPONDENCE/AFFILIATION AGREEMENT/EVALUATION) | | | |
|---|-----------------------------------|--------|------|
| School/Program Name: | Expected Graduation Date (mm/yy): | | |
| Coordinator First Name: | Coordinator Last Name: | | |
| Title: | Email: | | |
| Street Address: | City: | State: | Zip: |
| Business Phone: | Business Fax: | | |

HOUSING & TRAVEL SUPPORT - Housing and travel support are not provided through the GME office. Foothills AHEC will be your contact for any housing and travel support needs.

For housing and travel support needs, please go to: <https://www.foothillsahec.org/train>

REASON FOR COURSE REQUEST (select one):

- Audition for a potential residency spot
- Gain competency in a field outside of my desired career
- Complete a graduation requirement

TRAINING STATEMENT

Are you aware of any limitations that would prevent you from performing the duties required for the training you are requesting?

- No
- Yes, please explain:

DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge. If this application is approved, the Northeast Georgia Health System GME office will send a MedHub onboarding packet and request additional documentation. I understand that I am responsible for submitting all required documentation and completing the online MedHub onboarding packet two weeks prior to the rotation start date.

Signature of medical student

**I certify that I understand that if approved for a rotation at NGHS, I am not guaranteed to be selected for an interview.

Signature of medical student

Please attach your CV, personal statement, and unofficial transcript from your Registrar's office:

In your personal statement, please include your reasons for wanting to train at Northeast Georgia Medical Center. State your rotation goals and your future in medicine.

Email all documentation to:

Melissa Drury, GME Student Coordinator

Email: medicalstudent@nghs.com