

**KERN MEDICAL  
DEPARTMENT OF MEDICAL EDUCATION  
1700 MT. VERNON AVENUE  
BAKERSFIELD, CA 93306  
(661) 326-2388  
medicalstudents@kernmedical.com  
www.kernmedical.com**

**CLINICAL CLERKSHIP APPLICATION**

(PLEASE TYPE OR PRINT)

<b>NAME</b>  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>LAST FOUR OF SS#:</b> <b>DATE OF BIRTH:</b> <b>STUDENT ID:</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE NO.: DAYS: (    )</b>		<b>EVES: (    )</b>	
<b>E-MAIL:</b>			
<b>NAME/ADDRESS/PHONE NUMBER OF PERSON THROUGH WHOM YOU CAN ALWAYS BE REACHED/RELATIONSHIP:</b>			
<b>DATE COMPLETED (WILL COMPLETE) BASIC SCIENCE:</b>	<b>USMLE STEP I SCORE:</b> <b>COMLEX SCORE (DO ONLY):</b>  <b>DATE (S) TAKEN (WILL TAKE):</b>	<b>USMLE STEP II SCORE (S):</b> <b>COMLEX LEVEL 2 SCORE (S):</b>  <b>DATE (S) TAKEN (WILL TAKE):</b>	
<b>MEDICAL SCHOOL NAME &amp; ADDRESS</b>		<b>EXPECTED GRADUATION DATE:</b>	
<b>OTHER MEDICAL SCHOOLS ATTENDED/ADDRESSES</b>			
<b>UNDERGRADUATE SCHOOL</b>		<b>DEGREE:</b>  <b>DATE:</b>  <b>GPA:</b>	
<b>GRADUATE SCHOOL</b>		<b>DEGREE:</b>  <b>DATE:</b>  <b>GPA:</b>	

CLINICAL ROTATIONS COMPLETED/SCHEDULED	DATES	INSTITUTION	OVERALL EVALUATION GRADE

U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, CAN YOU PROVIDE PROOF OF LEGAL RIGHT TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

REASONS FOR REQUESTING CLINICAL SERVICE AT KERN MEDICAL

FLUENT IN SPANISH? YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER LANGUAGES SPOKEN: \_\_\_\_\_

CLINICAL SERVICES DESIRED (PLEASE LIST IN ORDER OF PREFERENCE AND INCLUDE ALL ACCEPTABLE IN CASE TOP CHOICES ARE UNAVAILABLE.)

DESIRED START DATE (1<sup>st</sup> CHOICE):  
DESIRED START DATE (2<sup>nd</sup> CHOICE):  
DESIRED START DATE (3<sup>rd</sup> CHOICE):

TOTAL WEEKS REQUESTED:

DATE OF APPLICATION:

**\*UNIVERSITY TRANSCRIPT AND COPY OF USMLE BOARD SCORE(S)/COMLEX SCORE  
SHOULD BE SUBMITTED WITH APPLICATION  
SUBMIT ALL DOCUMENTS TO MEDICALSTUDENTS@KERNMEDICAL.COM**