**CLERKSHIP APPLICATION**

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1319 Leavenworth Street, Omaha, NE 68102

402-552-2050

**PERSONAL**

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:** \_\_\_\_\_\_\_\_\_

**SSN#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** (**Day**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Evening**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship:** **US:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: M F**

**PREFERRED DATES:**

 (**1ST Choice**) (**2ND Choice**) (**3RD Choice**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

**High School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undergrad:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Major:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates attended:** \_\_\_\_\_\_\_\_\_\_\_\_

**Medical School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Degree earned:** \_\_\_\_\_\_\_\_\_ **Dates attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M/Yr Matriculation:** \_\_\_\_\_\_\_\_\_\_\_ **M/Yr Graduation:** \_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL COURSES COMPLETED:**

**USMLE/COMLEX Step 1 SCORE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT THE COMPLETED APPLICATION FORM ALONG WITH YOUR CV AND**

**A PARAGRAPH STATING WHY YOU WOULD LIKE TO DO A ROTATION AT CLARKSON FAMILY MEDICINE. FAX: 402-552-2186**