

Medical Education Plus, Inc. Clerkship Application

<p>23. Please list any other medical institutions that you have attended</p>	<p>Medical School: Dates of attendance:</p> <p>Medical School: Dates of attendance:</p>
<p>24. Graduate Institutions</p>	<p>School: Dates of attendance: Degree:</p> <p>School: Dates of attendance: Degree:</p>
<p>25. Undergraduate Institutions</p>	<p>School: Dates of attendance: Degree:</p> <p>School: Dates of attendance: Degree:</p>
<p>26. Other Training or Certifications</p>	<p>School: Dates of attendance: Degree:</p> <p>School: Degree:</p>

Employment, Volunteer Work, and Extracurricular Activities

1. List Employment for the last five years:

A) Employer
 Position
 Dates of Employment:

B) Employer
 Position
 Dates of Employment:



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C) Employer Position Dates of Employment:
List Volunteer Work for the last five years: A) Organization Dates of Service: B) Organization Dates of Service: C) Organization Dates of Service: D) Organization Dates of Service:
List Extracurricular Activities 1) 2) 3) 4)
Personal History
1. Have you faced any hardships that have interfered with your educational goals? Yes No If yes, please explain.
2. Have you ever been convicted of a crime? Yes No If yes, please explain.
3. Have you ever had your medical privileges or license (professional or otherwise) denied, suspended, or revoked? Yes No If yes, please explain.
4. Have you ever been dismissed from an academic institution? Yes No If yes, please explain.



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United States Medical Licensing Exam (USMLE)

USMLE Step 1	Passed	Failed	Not Taken
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If Passed, Date(mm/yyyy):

USMLE Step 2CS	Passed	Failed	Not Taken
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If Passed, Date (mm/yyyy)

USMLE Step 2CK	Passed	Failed	Not Taken
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If Passed, Date (mm/yyyy)

Personal Statement

This personal statement helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. We are looking for an essay that will help us know you better as a person and as a student. Please write an essay (250 words or less) about yourself.

Student Attestation – Please check each item and sign at the end of this section

The information I have provided in my application form and all attachments is accurate. If I am accepted into the Medical Education Plus, Inc. Clerkship Program, I

understand that I remain a student in my home school and that the ultimate responsibility for patient care resides with my assigned preceptor and his/her staff

will respect the confidential nature of all medical records and personally identifiable information related to patients

will act prudently within the limits of my knowledge, experience, and training; follow policies related to procedures and etiquette; and wear attire acceptable to the Medical Education Plus, Inc. Program.

shall respect all property belonging to the Medical Education Plus, Inc. and its affiliated institutions and I understand that I will be responsible for the repair or replacement of any property damaged or destroyed by me

will be responsible for my own housing and transportation to and from my clinical sites

understand that if I am unable to attend scheduled activities, I must notify the office of Medical Education Plus, Inc. and my preceptor

acknowledge that completion of clerkships with Medical Education Plus, Inc. and the issuance of a certificate of completion does not guarantee me acceptance into any residency program or a licensure by any medical board

I certify that by checking the box below, I am affixing my signature to this document.

Signature

Date



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