



Clinical Rotation Application • Student Providers

Last Name: _____ First Name: _____ MI: _____

Email: _____ Phone #: _____

School: _____ Program: _____

Faculty Contact: _____ Email: _____

Anticipated Graduation Date: _____

Are you a current Kadlec employee? Yes No Department: _____

Are you a former Kadlec employee? Yes No Department: _____

Desired Rotation(s):

Dates	Hours Needed	Area/Clinic	Preceptor (if known)

Please provide a statement of why you want to do a rotation at Kadlec.

Please provide the following with this application: CV Course objectives, if available

*** * * Complete Section Only if Student is Interested in Family Medicine Residency Clinic Rotation * * ***

Are you planning to match in Family Medicine? Yes No

What other specialties are you considering? _____

Are you considering applying to the Kadlec Family Medicine Residency (KFMR) Program? Yes No

Why are you interested in completing a rotation at KFMR and what geographic ties do you have to the region:

- Have you ever:
- (a) failed or needed to remediate a medical school course? Yes No
 - (b) failed the USMLE or COMLEX? Yes No
 - (c) taken a leave of absence from medical school? Yes No

Please email all documents to: brenda.porco-smith@kadlecmed.org