

E. CORE CLERKSHIP ROTATIONS.

COMPLETE DATES IN THE FORM OF MONTH/DAY/YEAR ARE REQUIRED. EACH ROTATION MUST BE A MINIMUM OF FOUR (4) WEEKS IN LENGTH AND COMPLETED WHILE ENROLLED IN THE MEDICAL COLLEGE CONFERRING DEGREE. CORE ROTATIONS WILL NOT BE ACCEPTED OR CO-VALIDATED FROM ANOTHER MEDICAL SCHOOL. (MPA Section 11 (A)(2).)

Internal Medicine Rotation

Started: ___/___/___ Completed: ___/___/___
 Total WEEKS spent in clinical training rotation: _____
 Facility Name: _____
 City/State/Country: _____
 Check **ONE**:
 Government owned/operated facility
 Medical school owned/operated facility
 Written Affiliation/Contract with facility
 Verbal Affiliation

Pediatrics Rotation

Started: ___/___/___ Completed: ___/___/___
 Total WEEKS spent in clinical training rotation: _____
 Facility Name: _____
 City/State/Country: _____
 Check **ONE**:
 Government owned/operated facility
 Medical school owned/operated facility
 Written Affiliation/Contract with facility
 Verbal Affiliation

Obstetrics/Gynecology Rotation

Started: ___/___/___ Completed: ___/___/___
 Total WEEKS spent in clinical training rotation: _____
 Facility Name: _____
 City/State/Country: _____
 Check **ONE**:
 Government owned/operated facility
 Medical school owned/operated facility
 Written Affiliation/Contract with facility
 Verbal Affiliation

Surgery Rotation

Started: ___/___/___ Completed: ___/___/___
 Total WEEKS spent in clinical training rotation: _____
 Facility Name: _____
 City/State/Country: _____
 Check **ONE**:
 Government owned/operated facility
 Medical school owned/operated facility
 Written Affiliation/Contract with facility
 Verbal Affiliation

Psychiatry Rotation**

Started: ___/___/___ Completed: ___/___/___
 Total WEEKS spent in clinical training rotation: _____
 Facility Name: _____
 City/State/Country: _____
 Check **ONE**:
 Government owned/operated facility
 Medical school owned/operated facility
 Written Affiliation/Contract with facility
 Verbal Affiliation

** The 4 week psychiatry core clerkship rotation may be completed as follows: 2 weeks must be completed formally and distinctly in psychiatry as verified by the medical school on this form. The other 2 weeks may be completed in other clinical rotations as verified by the applicant's affidavit. Contact the Division for the [Affidavit of Psychiatry Core Clerkship Rotations](#) form.

I hereby certify that the information above is true and accurate to the records of this medical college and in accordance with Section 11 (A)(2) of the Medical Practice Act and Section 1285.20 of the Administrative Rules. I further certify that the applicant received a medical degree from and was enrolled in this college at the time the core rotations were completed; that the core clinical clerkship rotations were conducted in the clinical teaching facilities either **owned or operated by this medical college; government owned or operated; OR formally affiliated or contracted; OR held a verbal affiliation agreement** with this medical college. In the case of a written agreement, it is certified that all affiliation agreements were in full effect at the time of the applicant's rotation and evaluations verifying passage of each core clerkship rotation were submitted by the supervising physician.

SEAL
OF
COLLEGE

Signature of Dean of Medical College

Print Name of Dean of Medical College

Date Completed

Printed Name of Medical College

RETURN THIS FORM TO APPLICANT