# AFFIDAVIT OF PSYCHIATRY CORE CLERKSHIP ROTATIONS

This is to certify that while enrolled in medical college, I completed four (4) weeks of psychiatry core clerkship rotations. I further certify that of the four (4) weeks completed, at least two (2) of the four (4) weeks were obtained solely and distinctly in psychiatry; and the other two (2) week requirement was included and completed in other clinical rotations and did not overlap with the four (4) week requirement in said other required rotations.

The additional two (2) weeks were completed in the following other clinical rotation(s):

<table>
<thead>
<tr>
<th>Rotation(s)</th>
<th>Location(s)</th>
<th>Dates of Rotation(s)</th>
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**CERTIFYING STATEMENT OF AFFIANT**

Under penalties of perjury, I declare that the information I have recorded herein is true and correct.

________________________________________
Signature of Affiant

SUBSCRIBED AND SWORN TO me, this _____ day of ______________________, 20__ .

________________________________________
NOTARY PUBLIC

STATE OF ILLINOIS

COUNTY OF ______________________