

**INTERNATIONAL VISITING STUDENT APPLICATION FOR EXTERNSHIP /
CLINICAL ROTATION**

First Name

Middle Name

Last name

Permanent Address: _____

Pin code: _____ City: _____ State: _____ Country: _____

Phone (WhatsApp number): _____ E-mail: _____

Name of your medical school: _____

Current College Year: _____

Month & year of graduation (if applicable): _____

Choice of dates for starting of Externship (MM/DD/YYYY)

(1) _____ (2) _____ (3) _____

USMLE SCORES (if applicable)

1. STEP 1 _____ Attempt No: _____

2. STEP 2 _____ Attempt No: _____

3. STEP 3 _____ Attempt No: _____

4. OET _____ Attempt No: _____

Document Need to be attached

- Completed application form
- Resume or Curriculum Vitae
- Evidence of completion of medical education, including Medical School Transcripts
- USMLE Score Reports, if applicable
- ECFMG certificate, if applicable

- Copy of Visa, if applicable
- Copy of Passport, if applicable
- 1 Passport Photo

* Any document that is written in a language other than English must be accompanied by an original, official translation.

Send scanned copies of all supporting documents to SUBURBANMEDICALCENTER@GMAIL.COM

Notes:

1. Enrollment letter for obtaining a VISA will be charged additionally.
2. HIPPA form will be duly filled and signed upon arrival.
3. LOR will be provided subject to performance during rotation.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that the Externship Policy of SMWC is recommended only.

Signature: _____

Date: _____

For Administration purpose only

Reviewed and approved by:

Name: _____

Signature: _____

Date: _____