



Medical Education

Freeman Health System | 1102 West 32nd Street | Joplin, Missouri 64804 |
417.347.5610, bkbarger-saunders@freemanhealth.com (for EM) |
417-347-6288 sjfiles@freemanhealth.com (for IM, ENT & other)

Clerkship Application

Personal Information (please print)

Social Security # _____ Date of birth ____/____/____

Name _____
Last First Middle initial

Current address _____
Street City State ZIP

Permanent address _____
Street City State ZIP

Phone # _____ Alternate phone # _____ Email _____

School _____ Class of _____ Send correspondence to: Current address Permanent address

Rotations Requested (all rotations/experiences require personal transportation)

Clerkship rotation	Begin date	End date	Preferred physician (if known)
1)			
2)			
3)			
Observational experience	Begin date	End date	Preferred area (if known)
1)			

Freeman Health System requires the following information (if applicable) along with your rotation application at least **45 days prior** to the scheduling of your Clerkship/Observational Experience. We reserve the right to cancel your rotation without the required paperwork.

- Rotation application
- Letter of good standing from school
- Immunization record
- Malpractice coverage
- CV
- Copy of certifications (ACLS, BLS)
- Criminal background verification
- School photo in JPEG format
- Copy of evaluation needed for school

Housing

Do you need housing? Yes No Male Female

Housing cost is \$125 per person per month and must be paid upon arrival. Payment methods include cash, check, or credit card. Housing is subject to availability.

(Student signature)

(Date)

(Freeman Health System designee signature)

(Date)