FREEMAN Health System
Medical Education

Freeman Health System,1102 West 32nd Street, Joplin, Missouri 64804
417.347.5610 or bkbarger-saunders@freemanhealth.com (for EM)
417.347.6288 or sjfiles@freemanhealth.com (for IM, ENT & Psych)

Clerkship Application

Personal Information (please print)

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

Name _____
Last *First* *Middle initial*

Current address _____
Street *City* *State* *ZIP*

Phone # _____ Alternate phone # _____ Email _____

School _____ Class of _____

Coordinator's name and contact info _____

Rotations Requested Rotations follow a monthly schedule.

(all rotations/experiences require personal transportation)

Clerkship rotation (IM, EM, ENT, Psych)	Begin date **(provide 3 choices)**	End date	Indicate if this is a CORE, ELECTIVE or AUDITION rotation for you.
1)			
2)			
3)			
Observational experience	Begin date	End date	
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
- □ Malpractice coverage
- □ Criminal background verification
- □ Letter of good standing from school
- □ CV
- □ School photo in JPEG format
- □ Immunization record
- □ Copy of certifications (ACLS, BLS)
- □ Copy of evaluation needed for school

No student housing options available

_____ _____
(Student signature) *(Date)*

_____ _____
(Freeman Health System designee signature) *(Date)*

Revised 1.27.2021