CLINICAL CLERKSHIP

Complete this section if you did not graduate from a school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association and if your clinical clerkship (training) was completed in a country other than where your medical school is located. List all clerkships attended. Please copy and use additional page(s) if required.

Complete name of affiliated university or college where clerkship was performed (Do not abbreviate)

Complete name of hospital, institution or individual where clerkship was performed(Do not abbreviate)

Address line 1

Address line 2

City

State/Province

Country

ZIP/Postal Code

From: Month Year To: Month Year Clinical Clerkship Area

Complete name of affiliated university or college where clerkship was performed (Do not abbreviate)

Complete name of hospital, institution or individual where clerkship was performed(Do not abbreviate)

Address line 1

Address line 2

City

State/Province

Country

ZIP/Postal Code

From: Month Year To: Month Year Clinical Clerkship Area