

Kameda Medical Center

Elective Application

Name (Last/MI/First) _____
Date of Application _____
Country of Origin _____
Name of Medical School _____

1. Current grade in School _____ Year _____ of _____ year program
2. Will this rotation fulfill a curricular requirement? _____
3. Long term/career plan in Medicine _____
4. Does your school have established requirements for external elective rotation? (Final report, grade format, research project, etc)

When would you like to have your elective at Kameda?

_____ ~ _____

List four departments of your choice for rotations in order of preference

1. _____
2. _____
3. _____

Emergency contact information in case of health emergency:

Name : _____

Telephone number : _____

E-mail : _____

How did you find out about our clinical elective program?
