

Foundation for Better Education
Medical Students Clinical Rotation Form

Name: _____ DOB: _____ USMLE 1 Pass: Yes No
Phone: _____ USMLE 2 Score: _____
Email: _____ USMLE 3 Score: _____
Medical School Name: _____

Which year are you: 3rd year student 4th year student 5th year student

Year of graduation or expected: _____ US Citizen: Yes No

Green card: Yes No NA Other: _____

Do you need assistance with Visa: Yes No

Do you need accommodations while in the US for training: Yes No

Clinical Rotation interested in: 1. _____ Date: _____ to _____

2. _____ Date: _____ to _____

3. _____ Date: _____ to _____

4. _____ Date: _____ to _____

5. _____ Date: _____ to _____

6. _____ Date: _____ to _____

7. _____ Date: _____ to _____

8. _____ Date: _____ to _____

9. _____ Date: _____ to _____

10. _____ Date: _____ to _____

**Please fill out this form completely and email us at foundationforbe@gmail.com along with your CV and signed Disclaimer.

Staff only: _____

Approved Denied Pending more info