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| Rush University Medical CenterDepartment of Orthopaedic SurgeryMedical Student Clerkship Application |
| **Demographic Information** |
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| **Name:** |  | **Email:** |  |
| **Date of Birth:** |  | **Telephone:** |  |
| **Address:** |  |  |  |
|  |
| **Emergency Contact Name** |  | **Emergency Contact Email** |  |
| **Emergency Contact Telephone** |  |   |   |

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| **Premedical & Medical Preparation** |
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| Please list your premedical and medical preparation to date. Please include the medical school you are currently attending. If you have obtained additional degrees (e.g. PhD, MPH, MBA) please list those as well. |
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| **Institution** | **City, State** | **Degree Earned** | **Dates of Attendance** |
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| **Name of Orthopaedic Surgery Faculty Advisor:** |  |
| **Email of Orthopaedic Surgery Faculty Advisor:** |  |
| **Telephone of Orthopaedic Surgery Faculty Advisor:** |  |

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| **Clinical Rotation Experience** |
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| Please list all current and completed clinical clerkships. Please do not list any orthopaedic surgery rotations you will be completing at outside institutions. |
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| **No** | **Hospital** | **City** | **Type Of Rotation** | **Date** | **Grade, (If received)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
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| **AOA candidate** |  |  |  |
| **USMLE Part 1 Score** |  |  |  |
| **USMLE Part 2 Score (Please leave blank if you have not taken this test yet)** |  |  |  |
| **Current Medical School** |  |  |  |
| **Current Class Year** |  |  |  |

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| **Research Experience** |
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| Please list any research experiences you have had to date including any current research teams you are a part of. |
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| **No** | **Hospital** | **City** | **Faculty Advisor** | **Field of Investigation** | **Dates** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 345 |  |  |  |  |  |
|  |  |  |  |  |  |

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| **Publications** |
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| Please list any published manuscripts you have authored. If you have more than 5 published manuscripts, please list the 5 that you are proudest of or have been most involved in. All additional publications should be listed on your CV. |
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| **No** | **Publications** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
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| **Supplemental Questions** |
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| What are the 3 most important qualities in a resident and why? (250 word limit)What is the best piece of advice you have received? (250 word limit) |
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| **Clinical Rotation Preference** |
| Please list your preferred service preferences and rotation dates. We do our best to accommodate all requests for both dates as well as service assignments but cannot guarantee that all first choices will be honored. |
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| **Services** |
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| Adult Reconstruction | Sports Medicine | Spine |
| Hand | Foot & Ankle | Tumor, Pelvis, & Pediatrics |
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**Preferences (Please list 3):**  |
| **Dates**Block 1: July 7, 2025- August 1, 2025 Block 2: August 4, 2025 – August 29, 2025Block 3: September 2, 2025 – September 26, 2025Block 4: September 29, 2025 – October 24, 2025**Preferences (Please list 3):**  |
| **Upload Your CV** | Find Attachment |

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