

AACPM 2012 Uniform Podiatric Clerkship Application

Name of Program: _____

Applicant Name: _____ Last 4 Digits of SSN: _____

Mailing Address: _____
Street Apt #

_____ City State Zip

Permanent Address: _____
Street Apt #

_____ City State Zip

Cell Phone Number: _____ Email Address _____

Home Phone Number (if different from above): _____

In Case of Emergency, Please Contact:

Name: _____ Relationship: _____

Telephone: _____

Citizenship: US Foreign Student Permit Other: _____

Podiatric College: AZPod BUSPM CSPM CPMS NYCPM
 OCPM SCPM TUSPM WUCPM

Graduation Year: _____ Have you passed Part I Boards? YES NO NOT TAKEN

Preferred Month/Year of Rotation: 1st choice _____
Month/Year

2nd choice _____
Month/Year

3rd choice _____
Month/Year

Colleges/Universities you have attended:

Name: _____ Degree: _____

Name: _____ Degree: _____

Name: _____ Degree: _____

Previous Health Care Professional Schools

Name: _____ Degree: _____

Name: _____ Degree: _____

Papers you have Authored/Co-authored:

Research in progress:

Activities you have participated in during Podiatry school

Honors you have received while in professional school; scholarship, honor societies, etc.

References

1. Name: _____

Address: _____

Telephone Number: _____

2. Name: _____

Address: _____

Telephone Number: _____

Please attach photo here (if required):

****Please send this completed application to the program you named above. Additional information required may be sent along with this application. Check with the Clerkship Director at your school and the current Clerkship Handbook for the specific requirements of this program.**