

APPLICATION TO MEMORIAL UNIVERSITY OF NEWFOUNDLAND RESIDENCY TRAINING PROGRAM  
CORE CLINICAL CLERKSHIP DETAILS FOR INTERNATIONAL MEDICAL GRADUATES

Name of applicant: \_\_\_\_\_

Name of medical school: \_\_\_\_\_

Duration of basic medical degree program: \_\_\_\_\_

Start date of undergraduate medical education program: \_\_\_\_\_

End date of undergraduate medical education program: \_\_\_\_\_

**IMPORTANT:** This form **MUST** be stamped by your medical school verifying the information below is accurate. Without it, your application will be deemed incomplete.

Core clinical clerkship rotations	Indicate the year(s) core clinical clerkships completed (e.g. 4th year, 5th year)	Name of hospital/clinic and location where rotation was completed	Is this facility a university affiliated <u>*teaching hospital</u> ? Indicate YES or NO		Start & end dates of rotation (use format dd/mm/yy) & duration: (e.g. 8 weeks)
Internal Medicine (minimum 8 weeks)		Facility:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Start date:
		City:	IF YES, PLEASE INDICATE NAME OF UNIVERSITY:		End date:
		Country:			Duration:
Surgery (minimum 8 weeks)		Facility:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Start date:
		City:	IF YES, PLEASE INDICATE NAME OF UNIVERSITY:		End date:
		Country:			Duration:
Pediatrics (minimum 6 weeks)		Facility:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Start date:
		City:	IF YES, PLEASE INDICATE NAME OF UNIVERSITY:		End date:
		Country:			Duration:
Obstetrics/Gynecology (minimum 4 weeks)		Facility:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Start date:
		City:	IF YES, PLEASE INDICATE NAME OF UNIVERSITY:		End date:
		Country:			Duration:
Psychiatry (minimum 4 weeks)		Facility:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Start date:
		City:	IF YES, PLEASE INDICATE NAME OF UNIVERSITY:		End date:
		Country:			Duration:

\* **A teaching hospital** is a hospital that provides clinical education and training to future and current doctors, nurses, and other health professionals, in addition to delivering medical care to patients. They are affiliated with medical schools or universities (hence the alternative term university hospital), and may be owned by a university or may form part of a wider regional or national health system.

\*\* If the rotation has not yet been completed, indicate scheduled start and end dates.