

**LORMA MEDICAL CENTER
MEDICAL ROTATION
APPLICATION**

Complete and return application to:
 Dr. Raymond L. Espinosa
 Assistant Medical Director for Staff
 Development & Training
 Lorma Medical Center
 Carlatan, San Fernando City
 La Union, 2500 Philippines
espifox@yahoo.com.ph

For Office Use Only:

Month _____ Course _____
 _____ Completed Application Form
 _____ Transcript of Records
 _____ Recommendation Letter
 _____ Personal Medical Insurance Coverage
 _____ Interview & Orientation

SECTION A. PERSONAL INFORMATION. To be completed by student. Please print or type:

NAME							
Last		First		Middle			
Mailing Address			Permanent Address				
Line 1			Line 1				
Line 2			Line 2				
Line 3			Line 3				
City			City				
State		Zip		State		Zip	
Province		Country		Province		Country	
Telephone				Telephone			
Emergency Contact Name and Phone Number							
Internet (e-mail) address							
Date of Birth							
Medical School Attending			Country of Medical School			Expected Degree & Date	

OPTIONAL INFORMATION: Would you please provide the following information for statistical purposes only?

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Foreign National <input type="checkbox"/> US Permanent Resident		Citizenship Country:	
Race/ Ethnicity (please check box; include only if a US citizen):					
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Black /African American		<input type="checkbox"/> Mexican American/ Chicano	
<input type="checkbox"/> Native American		<input type="checkbox"/> Other Hispanic		<input type="checkbox"/> Puerto Rican-Commonwealth	
<input type="checkbox"/> Puerto Rican-Mainland		<input type="checkbox"/> White Caucasian		<input type="checkbox"/> Other	

Address where LMC clerkship verification/grade report should be sent. This information MUST be provided. (US and Canadian students please note: grade reports must be sent to your school)

Please print or type:

School Name:		Phone number:	
Name & Title of school official:			
Street Address:			
City	State	Zip	
Province		Country	

Student's Signature	Date
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