

**Clinical rotation application at Fort Bend Premier Care**

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| Contact information:  Name:  Address:  Country: City: Postal Code:  Phone:  Email: |

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| --- | --- | --- | --- |
| **Elective name** | **Dates**  **(4-week block)** | **Alternate dates 1**  **(4-week block**) | **Alternate dates 2**  **(4-week block)** |
| Family Medicine  (Outpatient clinical rotation**)** |  |  |  |

\*\*Please Note - We cannot guarantee that an elective will be available for the dates requested \*\*

**2022-2023 Academic Calendar**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Block 1 | Block 2 | Block 3 | Block 4 | Block 5 | Block 6 | Block 7 | Block 8 | Block 9 |
| 1/16/23-2/12/23 | 2/13/23-3/12/23 | 3/13/23 -4/9/23 | 4/10/23 -5/7/23 | 5/8/23 - 6/04/23 | 6/5/23 - 7/2/23 | 7/3/23 -7/30/23 | 7/31/23 - 8/27/23 | 8/28/23 - 9/24/23 |

Signature: Date:



**CLINICAL ROTATION APPLICATION GUIDELINES AND CHECKLIST**

Fort Bend Premier Care Clinic welcomes visiting international students and physicians who are in good academic standing to participate in our International Visiting Student and physician training program.

**ELIGIBILITY REQUIREMENTS:**

* Students/physicians must meet all the elective prerequisites.
* Students/physicians must be fluent in English.
* All application materials must be submitted in English.
* There is a non-refundable $200 application fee. Applicants offered a clinical rotation are required to pay an additional non-refundable $800 administrative fee for the accepted elective.

**CANCELLATIONS OR TAINING CHANGES:**

* If you are unable to report to your approved rotation, you must e-mail [*cindy@fbpremiercare.com*](mailto:cindy@fbpremiercare.com) at least 8 weeks prior to the start date of the training. If a student/physician is approved for training, it is expected that the student will honor that commitment for the entire duration of the elective.

Note: Email your complete packet to Cindy Burris, RN (Practice manager) at [*cindy@fbpremiercare.com*](mailto:cindy@fbpremiercare.com)*.*



**CLINICAL ROTATION APPLICATION GUIDELINES AND CHECKLIST**

Please use the checklist below to be sure that you submit all required materials. All materials must be submitted in English. Documents submitted in a language other than English will not be processed and will render your application ineligible for review.

Please submit your application documents in the order given below.

□ International Student/physician Application. Students can only apply for a maximum of 8-week elective blocks per academic year.

□ A legible photocopy of the bio-data page of your passport, to include your full name, photo, and country of citizenship.

□ A $200 non-refundable application fee. Payment must be in the form of a cashier’s check or money order drawn on a U.S. bank.

□Curriculum Vitae.

□ Proof of immunizations: Lab reports in a language other than English will not be processed.

Proof of immunity to Measles, Mumps, Rubella, Varicella/Chicken Pox, and Hepatitis B. Also, include an updated Mantoux tuberculin skin test (TST) within 30 days or a TB Blood test such as QuantiFERON Gold or T-Spot within 1 year of training end date. Students applying for electives which begin between October 1 st and April 31st must also include proof of influenza vaccine for the current season. Proof of COVID-19 vaccination or negative COVID test within 72 hours of the start date of the rotation.

NB: Proof of immunizations blood work and COVID-19 test can be done at our office if requested by the student before the beginning of the rotation.

Note: Email your complete packet to Cindy Burris, RN (Practice manager) at [*cindy@fbpremiercare.com*](mailto:cindy@fbpremiercare.com)*.*