



## **MARICOPA MEDICAL CENTER**

DEPARTMENT OF SURGERY  
2601 E. ROOSEVELT STREET  
PHOENIX, ARIZONA 85008

**CONTACT: Roxanne Carter, Clerkship Coordinator**  
**602-344-5601**  
**FAX: 602-344-5048**

### **REQUIREMENTS FOR FILING CLERKSHIP/ELECTIVE APPLICATION**

1. Complete Clerkship Application.
2. Curriculum Vitae.
3. USMLE/COMLEX/ECFMG Scores Part I/II (as appropriate).
4. Signed copy of the Clinical Clerkship/Elective Application.
5. Letter from the Dean of your medical school stating approval of this rotation and class rank. Verification of completion of HIPAA training.
6. Certificates of Liability Insurance from your medical school.
7. Immunizations/Annual TB skin test record (TB skin test must be current – within 12 months of requested rotation).
8. Proof of personal health insurance.
9. Acknowledgement of Confidentiality Form completed.
10. Evaluation and other forms if required by your school.
11. Copy of School ID, Passport or State ID Card (photo ID).
12. 2 Letters of Recommendation.
13. A letter of interest in a career in surgery.
14. Medical School Transcript verifying cumulative GPA of 3.0 or higher.
15. Background check.

Return the completed application and the above requested forms to Roxanne Carter, Clerkship Coordinator at the address above.

STUDENTS ARE NOT ALLOWED TO TAKE MORE THAN TWO ROTATIONS AT MARICOPA MEDICAL CENTER WITHIN THE ACADEMIC YEAR.

All applications and supporting materials must be submitted at least 90 days prior to requested rotation.