



Tallahassee Orthopedic Clinic

Intern/Clerkship Application

Interns must receive academic credit through their school or institution of record. Completion of the application requirements do not guarantee placement.

APPLICANT INFORMATION			
Last Name		First Name	
MI			
Credentials (if applicable)			
Street Address			
City		State	
Zip		Phone	
Email			
Are you at least 18 years of age?			
EMERGENCY CONTACT			
Name		Relationship	
Phone			
CLERKSHIP INFORMATION			
Name of School/Program			
Choose One:	Undergraduate Student		Graduate Student
	Medical Resident		Medical Student
Other (please list):			
Area of Study/Clerkship Specialization			
Current Year in School		Anticipated Graduation Term/Year	
Dates Seeking Clerkship: Start Date		End Date	
Hour Requirements: None # ____ Total # __ Per Week # __ Per Day			
Name of TOC Preceptor (if known)			
SCHOOL/PROGRAM CONTACT			
Intern/Clerkship Coordinator			
Email		Phone	

In addition to this completed application, applicants must also attach a brief description of the type of role and/or experience they are seeking. Applications must be received at least 30 days prior to the start of the requested clerkship experience. Prior to the clerkship, the items below will be required:

- Execution of an Affiliation Agreement between TOC and applicant’s school and/or program
- Proof of professional liability insurance coverage
- Proof of general liability insurance coverage

Applicant Signature

Date

Parent/Guardian Signature (Required if Under 18)

Printed Name & Relationship