

**FORM F
INTERNATIONALLY TRAINED PHYSICIANS ONLY
CLINICAL ROTATIONS**

INSTRUCTIONS: List all hospitals rotated through for clinical training while enrolled in medical school. Also list beginning and ending dates of training in each service.		GMB
HOSPITAL	ADDRESS	<input type="checkbox"/>
CLINICAL ROTATION	DATES OF ATTENDANCE (MM/DD/YY – MM/DD/YY)	<input type="checkbox"/>
HOSPITAL	ADDRESS	<input type="checkbox"/>
CLINICAL ROTATION	DATES OF ATTENDANCE (MM/DD/YY – MM/DD/YY)	<input type="checkbox"/>
HOSPITAL	ADDRESS	<input type="checkbox"/>
CLINICAL ROTATION	DATES OF ATTENDANCE (MM/DD/YY – MM/DD/YY)	<input type="checkbox"/>
HOSPITAL	ADDRESS	<input type="checkbox"/>
CLINICAL ROTATION	DATES OF ATTENDANCE (MM/DD/YY – MM/DD/YY)	<input type="checkbox"/>
HOSPITAL	ADDRESS	<input type="checkbox"/>
CLINICAL ROTATION	DATES OF ATTENDANCE (MM/DD/YY – MM/DD/YY)	<input type="checkbox"/>
HOSPITAL	ADDRESS	<input type="checkbox"/>
CLINICAL ROTATION	DATES OF ATTENDANCE (MM/DD/YY – MM/DD/YY)	<input type="checkbox"/>
<p>Copy this page if more space is needed to complete the list of clinical rotations.</p>		