

On-Line Clerk Application

Full Legal Name: _____

Male

Female

Contact Information

Mailing Address

Address 1: _____

Address 2: _____

City: _____

Province: _____ Postal Code: _____

Telephone number: _____ Cell/Pager number: _____

Email address: _____

Medical School:

- McMaster University
- Northern Ontario School of Medicine
- the University of Ottawa
- Queens University
- University of Toronto
- the University of Western Ontario)

Have you participated in ERMEP's Week in the Country? Yes No

If so what year? _____ What location? _____

Year at Date of Placement: 3rd year 4th year

Student Number: _____

Type of Placement

Family Practice Core Elective

Specialty Core Elective

Interests:

Family Medicine OB/GYN Psychiatry

Internal Medicine PEDS General Surgery

Anesthesia ER Other: _____

Start Date: Month _____ Date _____ Year _____

End Date: Month _____ Date _____ Year _____

Length in weeks of rotation: _____

** Placements must be at least a minimum four consecutive weeks.>>

Preferred Location:

1st choice _____

2nd choice _____

3rd choice _____

Why this community?

Do you require lodging? Yes No

Do you have a car? Yes No

What are your goals for this placement?

Please tell us about your hobbies and/or interests.

ERMEP

105 Dufferin Street, Perth ON K7H 3A5

1-866-903-7637 whans@ermep.com