

2009-2010 Longitudinal Clerkship Application

Thank you for your interest in the Longitudinal Clerkship Program. Please fill out this application form, print, and return by February 27, 2009.

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Preferred E-mail:

Why are you interested in participating in the 6L program?

Which site are you interested in ? (Rank up to 3 sites in order of interest, 1=top choice)

_____ **Hilo**

_____ **Kauai**

_____ **Maui**

_____ **Leeward-Kaiser**

_____ **Waimanalo**

_____ **Pali Momi/Wahiawa**

Why is this site your first choice?

Do you want to do clinics or blocks first? clinics blocks
Why?

If you requested a neighbor island site, do you have housing available? yes no