



# Naval Medical Center San Diego OB/Gyn Department USUHS Advanced Clerkship/ Sub-I Personal Information Sheet



|  |  |                           |   |                        |         |
|--|--|---------------------------|---|------------------------|---------|
| <b>First Name:</b>   |  | <b>Last Name:</b>         |   | <b>Middle Initial:</b> |         |
| <b>Preferred Email Address:</b>  |  | <b>Mailing Address:</b>   |   |                        |         |
| <b>Phone Number:</b>   |  | <b>Cell Phone Number:</b> |   |                        |         |
| <b>Rank:</b>   |  |                           | <b>Branch of Service:</b>                                     |                        |         |
| <b>Requesting to come here as a... :</b><br>Uniformed Services University of Health Sciences student   |  |                           |   |                        |         |
| <b>Name &amp; address of medical school currently attending:</b><br>Uniformed Services University of the Health Sciences<br>4301 Jones Bridge Road<br>Bethesda, MD 20814<br>(800) 515-5257 |  |                           |   |                        |         |
| <b>Your school's rotation coordinator:</b><br><i>(Include name, phone and email address)</i>   |  |                           | <b>Board Scores</b><br><i>(Type N/A if not available yet)</i> |                        |         |
| Mrs. Tina Schmitz<br>Naval Medical Center San Diego, USU Clerkship Coordinator<br>(619)532-9369<br>tina.m.schmitz4.civ@mail.mil  |  |                           | USMLE1:   |                        | USMLE2: |
|  |  |                           |   |                        |         |
| <b>Projected graduation date:</b>  |  |                           | <b>Year student will be at the time of the clerkship:</b>     |                        |         |
| <b>Have you completed ODS by the time of rotation? Yes or No. If Yes, what year?</b>   |  |                           |   |                        |         |
| YES  |  | NO                        |   |                        |         |
| <b>Date of clerkship:</b><br><i>(Indicate a start &amp; end date and include alternate dates)</i>  |  |                           | <b>Name of clerkship:</b>                                     |                        |         |
|  |  |                           | NMCSD OB/Gyn  |                        |         |
| <b>June through October timeframe rotations are reserved for those interviewing for an internship spot.</b>  |  |                           |   |                        |         |
| <b>Interested in interviewing?</b>   |  |                           | <b>If Yes, for which internship program?</b>                  |                        |         |
| <b>Emergency POC:</b>  |  | <b>Phone:</b>             |   | <b>Relationship:</b>   |         |
| <b>Additional Comments:</b>  |  |                           |   |                        |         |

**Email form to Mrs. Tina Schmitz at [tina.m.schmitz4.civ@mail.mil](mailto:tina.m.schmitz4.civ@mail.mil)**

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Phone: (619) 532-9369

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