



# Naval Medical Center San Diego ENT/ Otolaryngology 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> Uniformed Services University of Health Sciences student					
<b>Name &amp; address of medical school currently attending:</b> Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, MD 20814 (800) 515-5257					
<b>Your school's rotation coordinator:</b> <i>(Include name, phone and email address)</i>			<b>Board Scores</b> <i>(Type N/A if not available yet)</i>		
Mrs. Tina Schmitz Naval Medical Center San Diego, USU Clerkship Coordinator (619)532-9369 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> <i>(Indicate a start &amp; end date and include alternate dates)</i>			<b>Name of clerkship:</b>		
			NMCSD ENT/ Otolaryngology		
<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)**