

NRH PM&R MEDICAL STUDENT PROGRAM

102 Irving Street, N.W. Room# 2146, Washington, DC 20010

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Demographic Information Form

I, _____, wish to apply for a clinical rotation at the National Rehabilitation Hospital and attest to the truthfulness of the information below.

I. STUDENT INFORMATION:		
Student Name:	DOB:	SSN:
Mailing Address: Street	City/State	Zip
Telephone#:	Personal Pager/Cell#:	E-mail Address:
Requested Date(s) of Rotation: Choice 1: _____ to _____ Choice 2: _____ to _____ Choice 3: _____ to _____	Career interest(s) include: [] Internal Medicine [] Neurology [] Orthopedics [] PM&R [] Rheumatology [] Other: _____	
In 100 words or less, where do you see yourself in 5 years?		
II. MEDICAL SCHOOL INFORMATION:		
Medical School:	LCME#:	
Med. School Address: Street	City/State	Zip
		Telephone#:
III. DEAN'S OFFICE CONTACT:		
Name:		
Mailing Address: Street	City/State	Zip
Telephone#:	Fax#:	E-mail Addr:
IV. EMERGENCY CONTACT INFORMATION:		
CONTACT #1: Name:	Relationship:	
Telephone#:	Cell#:	E-mail Addr:
CONTACT #2: Name:	Relationship:	
Telephone#:	Cell#:	E-mail Addr:

PLEASE RETURN TO:

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