

Complete and return application to:
Dr. Raymond L. Espinosa
Assistant Medical Director for Staff
Development & Training
Lorma Medical Center
Carlatan, San Fernando City
La Union, 2500 Philippines
espifox@yahoo.com.ph

Month _____ Course _____
 _____ Completed Application Form
 _____ Transcript of Records
 _____ Recommendation Letter
 _____ Personal Medical Insurance Coverage
 _____ Interview & Orientation

NAME			
Last		First	Middle
Mailing Address		Permanent Address	
Line 1		Line 1	
Line 2		Line 2	
Line 3		Line 3	
City		City	
State	Zip	State	Zip
Province	Country	Province	Country
Telephone		Telephone	
Emergency Contact Name and Phone Number			
Internet (e-mail) address			
Date of Birth			
Medical School Attending	Country of Medical School	Expected Degree & Date	

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Foreign National <input type="checkbox"/> US Permanent Resident	Citizenship Country:
Race/ Ethnicity (please check box; include only if a US citizen):		
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black /African American	<input type="checkbox"/> Mexican American/ Chicano
<input type="checkbox"/> Native American	<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> Puerto Rican-Commonwealth
<input type="checkbox"/> Puerto Rican-Mainland	<input type="checkbox"/> White Caucasian	<input type="checkbox"/> Other

Address where LMC clerkship verification/grade report should be sent. This information MUST be provided. (US and Canadian students please note: grade reports must be sent to your school)

Please print or type:

School Name:		Phone number:	
Name & Title of school official:			
Street Address:			
City	State	Zip	
Province		Country	

Student's Signature	Date
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