



# Application for Sub-Internship Rotation

Please submit this form and required documents via email to

[Subinternship@pvhmc.org](mailto:Subinternship@pvhmc.org)

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## Applicant/ Requestor

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Current School Name: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Date range of experience (4 weeks in September or October)

Option 1: \_\_\_\_\_

Option 2: \_\_\_\_\_

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## Health Clearance

Pomona Valley Hospital Medical Center requires health clearance that includes Flu and COVID vaccinations

*Applicable document is required during on-boarding (after application is approved).*

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## Sub-I Check list

Submit the following items with this form to complete the application process

- Personal Statement
- Letter of Recommendation
- COMLEX and/or USMLE Scores
- Official Letter of Good Standing
- Official Transcript (can be submitted separately by school or third party)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_