



## 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 including Flu shot (required October 1 through April 3).

*Proof of completion 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: \_\_\_\_\_