MAX KADE - CLINICAL CLERKSHIP IN THE US
APPLICATION FORM Academic Year 2026/2027

Your application must include:	
☐ page 1: personal & professional information ☐ page 2: elective selection and student attestation ☐ page 3: medical school official certification ☐ official copy of student transcript *(in English)* ☐ Letter of recommendation from home university	☐ application essay ☐ updated CV incl. a photo ☐ copy of TOEFL score report (if requested) ☐ USLME score sheet (if available) ☐ proof of payment of € 70 application fee
Send Complete Application to: max.kade@americanaustrianfoundation.org	**Please transfer your application fee of € 70 to the following Austrian bank account:** **Bank:** Spängler Bank **Recipient:** Verein der Freunde der American Austrian Foundation **BIC:** SPAEAT2S **IBAN:** AT53 1953 0001 0022 2030
I - Personal Information	
1. **Name & Pronouns** *(First & Last Name)*	
2. **Gender**	☐ Female ☐ Male ☐ Diverse
3. **Home Address** *(street, postal code, city, country)*	
4. **Mobile Phone Number**	
5. **Email Address (private)**	
6. **Date & Place of Birth**	
7. **Citizenship**	
8. **First Language**	
II - Professional Information	
9. **Medical School Name/Location**	
10. **Degree you will earn** *(e.g. MD / PhD)*	
11. **Expected Graduation Date**	
12. **English Skills** *(fluent; good; fair)*	
13. **TOEFL Score*** *(enclose official score report)*	
14. **USLME: step 1 or step 2***	

*International students at UPenn and Weill Cornell Medicine need to provide a TOEFL test score of minimum 100 or proof of successful completion of USMLE step 2.

*If you do not qualify for a visa waiver, please allow 3-6 months to arrange visa

III - Elective Selection and Student Attestation

To qualify for a clinical clerkship, the following core clerkships must be completed:

Please fill in the details below and also indicate clerkships that are planned. Please note that you should have completed clerkships in all specialties indicated and 6-8 weeks of clerkships in the specialty you are interested in attending in the US. Please indicate clerkships that are completed and clerkships planned.

Core Clerkship	Duration (*# of weeks)*	Date Completed	Planned Clerkship Dates	Grade
Internal Medicine				
Obstetrics/Gynecology				
Pediatrics				
Psychiatry				
Surgery				

IV - Clerkship Requested: (state institution and subject)

Institution	Specialty	Month/Time period
1st Choice:		
2nd Choice:		
3rd Choice:		

Please note that clerkships at our partner institution are usually for 4 weeks (1 month)

V - Application Essay:

Please state the objectives you hope to achieve during the fellowship and their relevance to your career goals. (attach additional pages)

VI - Student Attestation – *Please check each item and sign at the end of this section*

The information I have provided in my application form and all attachments is accurate. If I am accepted and enrolled, I…

- ☐ will respect the confidential nature of all medical records and personally identifiable information related to patients.
- ☐ will act prudently within the limits of my knowledge, experience, and training; follow policies related to procedures and etiquette; and wear attire acceptable to the host university.
- ☐ shall respect all property belonging to the host university and its affiliated institutions and I understand that I will be responsible for the repair or replacement of any property damaged or destroyed by me.
- ☐ will be responsible for my own housing and transportation to and from the host university.
- ☐ understand that if I am unable to attend scheduled activities, I must notify the host university and the AAF Office.
- ☐ cancel the fellowship after the invitation letter was received, I will be obliged to refund the AAF for the full amount of the fellowship.

_____ _____

Signature **Date**

*If you do not qualify for a visa waiver, please allow 3-6 months to arrange visa

VII - International Medical School Official Certification:
For completion by designated official of student's home medical school

STUDENT: Last Name: **First Name:**

This is to certify that the medical student named above is in good standing at this institution, that the information provided on pages 1 and 2 of this application is correct, and that the student does have our permission to enroll for a clinical clerkship in the US.

The student has completed the core clerkships as stated on page 2.

MEDICAL SCHOOL OFFICIAL:

Last Name: **First Name:**

Official Title: **Email Address:**

Medical School Name: **Location: (city/country)**

Is instruction at your medical school in English? **Yes** ☐ **No** ☐

_____ _____

Signature of Medical School Official *Date*

*If you do not qualify for a visa waiver, please allow 3-6 months to arrange visa

Program Information & Data Protection

Eligibility for Clinical Rotations
Austrian medical students are eligible to complete a clinical clerkship in the US in their last year of medical school. Due to the elaborate selection process, candidates need to apply in the year before their final year of medical school.

Enrollment at the home university is mandatory during the rotation in the US. Therefore, it is only possible to complete the clinical rotation in the US prior to graduation at the home university.

Clinical Rotations Available to Eligible Students
Our partner universities make an effort to provide a variety of clinical rotations to international medical students. Clinical clerkships are accessible to Max Kade students, it is not guaranteed however, that preferences regarding specialty and date of the clinical clerkship can always be considered. This depends on availability and can only be decided by the host institutions and departments.

Please note that in order to be considered for a Max Kade Clinical Rotation:
1. Students need to submit their application to the AAF office in Vienna.
2. After being selected, students need to apply at the assigned host institution.
3. Only after receiving official confirmation of the clerkship by the US host institution, students can start making flight and housing arrangements, apply for a visa and organize personal health care insurance for the US.

Confirmation of acceptance for any given elective will be announced by the host institution at the latest 6 weeks prior to the beginning of each rotation.

Application Fee: Please transfer € 70 application fee to the following Austrian bank account:
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BIC: SPAEAT2S
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Incomplete applications or late submissions cannot be considered!

With my signature I hereby agree that
1. My personal data as stated above as well as photographs taken during the ongoing program may be used for managing the programs of the AAF according to the General Data Protection Regulation of the European Union as well as its correspondent legislation in the United States of America, respectively.
2. I give my consent that these data may be stored both electronically and on paper for as long as is necessary for the correct management of OMI medical program applications. I acknowledge that my data will be processed by the American Austrian Foundation Inc. (575 Lexington Avenue, 11th Floor, New York, NY 10022, USA), Verein der Freunde der AAF (Kärntner Straße 51/2/Top 4, 1010 Vienna, Austria), Salzburg Stiftung der AAF (Arenbergstraße 10, 5020 Salzburg, Austria), Schloss Arenberg gem. Betriebsges. m. b. H. (Arenbergstraße 10, 5020 Salzburg, Austria), and the Max Kade Foundation (6 E 87th St, New York, NY 10128, USA). I further acknowledge that this consent is given voluntarily and may be withdrawn at any time; should I ascertain or believe that my data are processed at variance with protection of my private and personal life or at variance with the law, I may request to provide an explanation or claim my data to be blocked, corrected, supplemented or altogether destroyed.

(Details to our policies can be found at www.americanaustrianfoundation.org/privacy and https://www.openmedicalinstitute.org/privacy/.)

_____ _____
Signature **Date**

*If you do not qualify for a visa waiver, please allow 3-6 months to arrange visa