PROJECT HEALTH

health services LYON MARTIN
A PROGRAM OF HEALTHRIGHT 360

APPLICATION

CLINICAL ROTATION IN TRANSGENDER MEDICINE
LYON-MARTIN HEALTH SERVICES

PERSONAL INFORMATION

Preferred Name		Pronoun	
Name on License		Date of Birth	
Phone Number		E-Mail Address	
Current Address		Permanent Address	
Title (MS, NP, PA, DO, MD)		Resident, Fellow	
Year		Specialty	

MEDICAL EDUCATION

School		Address	
Graduation Date		Degree	

RESIDENCY / FELLOWSHIP EDUCATION - 1

Institution		Specialty	
Program Director		Mailing Address	
E-Mail Address		Phone Number	
Start Date		End Date	
Post-Graduate Year		Position	

PROJECT HEALTH

health services LYON MARTIN
A PROGRAM OF HEALTHRIGHT 360

RESIDENCY / FELLOWSHIP EDUCATION - 2

Institution		Specialty	
Program Director		Mailing Address	
E-Mail Address		Phone Number	
Start Date		End Date	
Post-Graduate Year		Position	

GRADUATE EDUCATION

School		Address	
Graduation Date		Degree	

ROTATION DATES REQUESTED

1st Choice		Days / Week	
2nd Choice		Days / Week	
3rd Choice		Days / Week	

I certify that I am in good standing with my program, and the information I have provided in this application is truthful and accurate to the best of my knowledge. I declare that by submitting this application, I authorize Lyon-Martin Health Services to contact persons associated with hospitals and institutions at which I have studied or trained and well as individuals whose names I have submitted in connection with this application. I hereby release from liability all representatives of Lyon-Martin Health Services for references performed in good faith connected to evaluating my application and credentials and release from liability all individuals and organizations that in good faith provide information to Lyon-Martin Health Services regarding my suitability for a clinical rotation.

Applicant signature:_____ Date:_____

PROJECT HEALTH

health services LYON MARTIN
A PROGRAM OF HEALTHRIGHT 360

Please include the following documents with this application:

1. A brief statement (less than 500 words) describing your personal or professional motivations and specific interest in transgender health care. If applicable, please also describe prior experience working with or being a member of the LGBTIQ communities.

2. A copy of your current CV

3. If applicable, copies of your current license and DEA certificates

4. At minimum, two letters of reference

5. If you are a student: a letter from your Dean's or Residency/Fellowship director's office confirming the following:
    - You are currently a 2nd year NP or PA student or 3rd or 4th year MD or DO student, resident/fellow, in good standing
    - Whether your rotation with us will be approved for credit
    - You are covered by your school's liability (malpractice) insurance
    - You have all the vaccinations and immunities expected of a health care worker
    - You have been trained in universal precautions and in HIPAA (privacy) requirements

6. If you are a current provider, proof that:
    - You are covered by your (or your organization's) liability (malpractice) insurance
    - You have all the vaccinations and immunities expected of a health care worker
    - You have been trained in universal precautions and in HIPAA (privacy) requirements

Send completed application to:

J. M. Jaffe
Trans Health Manager
Lyon-Martin Health Services
1748 Market St., Suite 201
San Francisco, CA 94102
(415) 901-7108
jjaffe@lyon-martin.org