**Relevant Health Care Experience**

**Name: LASTNAME, Firstname**

Please complete the table below in chronological order. A sample entry is included below; please ensure it is removed prior to submission.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of rotation** (yyyy/mm/dd) | **Location**  (hospital, city, country) | **Specialty** | **Rotation type** |
| *2019/01/01 to 2019/01/14* | *Toronto General Hospital, Toronto, Canada* | *Transplant Surgery* | *Observership* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Brief description of elective requirements/restrictions at your medical school**

(75 word limit)