



## AICG

AICG, LTD., MSPG, LTD.  
PREFERRED PHYSICIAN CLINICALS GROUP  
155 North Michigan Ave, suite 634  
Chicago, IL 60601

PHONE: 312- 729-5177 1-877-279-AICG, 1-708-598-5600  
FAX: 1-708-876-8800

Email: [aiclinicalgroup@gmail.com](mailto:aiclinicalgroup@gmail.com) Website: [www.aiclinicalgroup.com](http://www.aiclinicalgroup.com)

### **Externships & Foreign medical students Application**

Hello,

Fill in the info needed. Please note that there is an application fee of \$450.00 required to reserve the slot; which will be deducted from the total cost.

Rate (Chicago): 450 per week, minimum of 4 weeks required. Full payment must be received one week prior to the start date

Externship is hands on experience at a teaching Hospital in Chicago.  
Rate (Atlanta) : mostly outpatient ( rate is 350 per week)

All documents must be received at least 3-4 weeks in advance.

Send back your application to [aiclinicalgroup@gmail.com](mailto:aiclinicalgroup@gmail.com) .  
Email confirmation of your payment as soon as it's sent.

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

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

Status: medical student, medical graduate

Interested specialty, specialties: \_\_\_\_\_

Duration: \_\_\_\_\_

Start date: \_\_\_\_\_

State: \_\_\_\_\_

With Warmest Regards,

Dr. Sameer K. Suhail, MD, MBA  
Clinical Dean Chicago/VPresident



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## Invoice

Student: \_\_\_\_\_, (Chicago, IL)

### Clinical Medicine Semester – Full Time

Semester Supplies	Start date	Semester Cost
Clinical Medicine Semester (Semester 1)		\$450 per week for less than 12 week. 12 weeks or more 425 per week
_____ weeks of _____(externship)		\$-----
Malpractice Insurance		PRESENT
<b>Total Clinical Rotation Due Now:</b>		<b>\$450.00</b>
<b>Total Clinical Rotation Due one week prior to the start date</b>		<b>\$_____</b>

### *Please follow the wiring instructions below to make payment:*

**Wiring Instructions:**

\*\*

<b>Bank Name:</b>	Chase Bank
<b>Bank Address:</b>	13211 South Lagrange Road, Orland Park, IL, 60462
<b>Swift Code:</b>	CHASUS33
<b>Account Name:</b>	American International Clinical group
<b>Account Number:</b>	742436785
<b>Routing #:</b>	071000013

\*\*Please send payment notification including student name, wire confirmation#, and amount paid to email address your account may be credited appropriately. [dr.sameersuhail@gmail.com](mailto:dr.sameersuhail@gmail.com)