



Sub-Internship Medical Student Questionnaire

(Please TYPE or print clearly – fillable PDF)

Date:	First Name:	MI:	Last Name:
Preferred Name	Preferred Pronouns:	Email Address:	
Phone Number:			
CURRENT Street Address (include City, State, & Zip):			
Hometown-City & State (where you consider yourself to be from):			
Medical School Name:		Undergraduate School Name:	
Expected Grad Date:		Degree Received:	
Please RANK the below available rotation dates – with “1” being your top choice: Spring B (4/24/23 - 5/19/23): _____ Summer C (8/21/23 - 9/15/23): _____ Spring C (5/22/23 - 6/16/23): _____ Autumn A (9/18/23 - 10/13/23): _____ Summer A (6/26/23 - 7/21/23): _____ Autumn B (10/16/23 - 11/10/23): _____ Summer B (7/24/23 - 8/18/23): _____ Other: _____			We offer outpatient Sub-I's with the potential for Inpatient exposure: Outpatient Sub-I/Elec: _____ **Note: all rotations are 4 weeks long**
Are you pursuing a residency in Family Medicine?			
Are you interested in applying for residency at Full Circle Health Family Medicine Residency of Idaho - Magic Valley?			
If so, why?			
Do you identify with any underrepresented identity in medicine (race, gender, ability, etc.)?			
Do you have any Connections to Idaho and/or rural communities?			
Describe your ideal spectrum of practice (inpatient, outpatient, ER, pediatrics, OB, etc.) and any other career plans/goals:			

<p>Activities or experiences that demonstrate your commitment to the underserved:</p>
<p>What languages do you speak and at what level of fluency?</p>
<p>Have you had any areas of academic difficulty, and how have you addressed those challenges?</p>
<p>Goals and interests outside of medicine:</p>
<p>Anything Else You Would like to Add?</p>

2022.v2

****Please note that your own transportation is needed for this rotation. Housing may be available upon request.***

Thank you for taking the time to complete this questionnaire. Your response will help us to assure a good fit with our program. If you have any questions please reach out to Cherri Bingham, Residency Program Coordinator using the information below.

Please return all items to address/email below:

- 1. Questionnaire**
- 2. Unofficial USMLE or COMLEX Step/Level 1 scores**
- 3. Unofficial Medical School Transcripts**

Full Circle Health Family Medicine Residency of Idaho Magic Valley
 Attn: Cherri Bingham, Residency Program Coordinator
 132 W. 5th Ave. Ste. 1
 Jerome, ID 83338
 Email: binghacl@slhs.org
 Phone: 208.814.9855