

Sub-Internship Medical Student Questionnaire

(Please TYPE or print clearly – fillable PDF)

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|---|----------------------------|-----------------------------------|--|
| 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: | | | |

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

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****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
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 Jerome, ID 83338
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 Phone: 208.814.9855