

4TH YEAR SUB-I APPLICATION

Please return completed application and C.V. to erin.ackerley@johnmuirhealth.com

PERSONAL INFORMATION	
FIRST NAME:	LAST NAME:
STREET ADDRESS:	
CITY:	
STATE:	ZIP CODE:
PHONE NUMBER:	
EMAIL ADDRESS:	
MEDICAL SCHOOL	
MED SCHOOL NAME:	
TYPE:	○ ALLOPATHIC○ OSTEOPATHIC
ANTICIPATED DATE OF GRADUATION:	
USMLE STEP 1 SCORE:	COMLEX 1 SCORE:

HAVE YOU EVER FAILED a USMLE or COMLEX? IF SO, PLEASE EXPLAIN:					
3RD YEAR ROTATION (SUB	-I) GRADES				
FAMILY MEDICINE:		PSYCHIATRY:			
PEDIATRICS:		NEUROLOGY:			
INTERNAL MEDICINE:		SURGERY:			
OB/GYN:		EMERGENCY MEDICINE:			
Have you ever failed or had to repea	it a course or rot	ation in medical school? If yes pleas	e explain:		
Have you had any interruptions in your medical school education? If yes, please explain:					
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ROTATION PREFERENCES

Applications will be reviewed and students selected during the week following the application deadline for each block. If you need to set your 4th year schedule sooner than the deadline for your Block preference, please let us know when you submit your application.

BLOCK 1: March 2-March 27, 2026	Application deadline: December 26, 2025	
BLOCK 2: March 30-April 24, 2026	Application deadline: January 23, 2026	
BLOCK 3: April 27-May 22, 2026	Application deadline: February 20, 2026	
BLOCK 4: July 27-August 21, 2026	Application deadline: May 22, 2026	
BLOCK 5: August 24-September 18, 2026	Application deadline: June 19, 2026	
BLOCK 6: September 21-October 16, 2026	S: August 24-September 18, 2026 Application deadline: June 19, 2026 Application deadline: July 17, 2026 C: October 19-November 13, 2026 Application deadline: August 14, 2026 Application deadline: September 11, 2026 Application deadline: September 11, 2026	
BLOCK 7: October 19-November 13, 2026	Application deadline: August 14, 2026	
BLOCK 8: November 16-December 11, 2026	Application deadline: September 11, 2026	
BLOCK 9: January 11-February 5, 2027	Application deadline: November 6, 2026	
1st Choice: 2nd Choice: 3rd Choice:		
Please select your rotation of preference: Team Based Care (Ambulatory) Inpatient Care I am open to either rotation		

Stipend

We are pleased to offer each Sub-I student an educational stipend to support their four-week rotation. Once you are accepted, additional scholarship opportunities will also be available to apply.

Describe your interest in Family Medicine (in 250 words or less):				

Explain why you are interested in less):	the John Muir Health	n Family Medicine Residency (ir	1 250 words or		
Are you planning to match in Family Medicine?	☐ Yes ☐ No	Are you planning on applying to our program?	☐ Yes		
			∐ No		
Please tell us a little about yourself and your proudest accomplishment of your academic or medical career thus far (in 250 words or less):					