



## 4TH YEAR CLERKSHIP APPLICATION

Please return completed application and C.V. to [Rugieyatu.Bhonopha@johnmuirhealth.com](mailto:Rugieyatu.Bhonopha@johnmuirhealth.com)

### PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

EMAIL ADDRESS:

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### MEDICAL SCHOOL

MED SCHOOL NAME:

TYPE:

ALLOPATHIC

OSTEOPATHIC

ANTICIPATED DATE OF  
GRADUATION:

USMLE STEP 1 SCORE:

COMLEX 1 SCORE:

HAVE YOU EVER FAILED THE USMLE STEP 1 OR COMLEX 1? IF SO, PLEASE EXPLAIN:

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**3RD YEAR ROTATION (CLERKSHIP) GRADES**

FAMILY MEDICINE:

PSYCHIATRY:

PEDIATRICS:

ANESTHESIA:

INTERNAL MEDICINE:

SURGERY:

OB/GYN:

EMERGENCY MEDICINE:

**HAVE YOU EVER FAILED OR HAD TO REPEAT A COURSE/ROTATION IN MED SCHOOL?  
IF YES, PLEASE EXPLAIN:**

**HAVE YOU HAD ANY INTERUPPTIONS IN YOUR MEDICAL SCHOOL EDUCATION?  
IF YES, PLEASE EXPLAIN:**

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## ROTATION PREFERENCES

**SUMMER BLOCK 1:** July 29 - August 23 , 2019

**FALL BLOCK 1:** August 26 - September 20, 2019

**FALL BLOCK 2:** September 23 - October 18, 2019

**FALL BLOCK 3:** October 21 - November 15, 2019

**FALL BLOCK 4:** November 18 - December 18, 2019

**WINTER BLOCK:** January 6 - January 31, 2020

**1st Choice:**

**2nd Choice:**

**3rd Choice:**

**Please select your rotation of preference:**

Team Based Care (Ambulatory)

Inpatient/Transitional Care

I am open to either rotation

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**Describe your interest in Family Medicine in 200 words or less:**

**Explain why you are interested in the John Muir Health Family Medicine Residency:**

**Are you planning to match in  
Family Medicine:**

Yes  
No

**Are you planning on  
applying to our program:**

Yes  
No

**Please describe two objectives you hope to accomplish from this clerkship:**