

**4TH YEAR CLERKSHIP APPLICATION**

Please return completed application and C.V. to [lynn.eddleman@johnmuirhealth.com](mailto:lynn.eddleman@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 (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:

# ROTATION PREFERENCES

**BLOCK 1:** July 26 - August 20, 2021  **BLOCK 2:** August 23 - September 17, 2021

**BLOCK 3:** September 20 - October 15, 2021  **BLOCK 4:** October 18 - November 12, 2021

**BLOCK 5:** November 15 - December 10, 2021  **BLOCK 6:** January 3 - January 28, 2022

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

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: