



Eureka Family Medicine Program
Eureka, CA
SUB-INTERNSHIP APPLICATION

Preferred dates of Sub-Internship: _____

STUDENT INFORMATION:

Student's Name: _____ Date: _____
 E-mail address: _____ Phone number: _____
 Mailing address: _____ Emergency contact name: _____
 _____ Phone number: _____

SCHOOL INFORMTAION:

School (name): _____ Year in School _____
 School contact: _____ Title: _____
 Contact's E-mail _____ Contact's Phone _____

ABOUT YOU:

What are your career goals?

Describe any ties to Eureka or Norther California:

What family practice experience will you have participated in before rotating with us?

What inspired you to practice medicine?

What is the most memorable volunteer experience you have had and why?

What are your hobbies and interests?

What is a fun fact about you that others may not know?

PLEASE READ:

- Student understands that housing and transportation costs are the responsibility of the student.
- Student agrees to provide required information prior to beginning of clerkship.
- Any withdraw from an accepted rotation within 2 the weeks of start date will be reported to your school which could affect your Dean's Letter.
- Please note: if offered a rotation, your onboarding may be processed through a third-party company (CPNW) which has a \$100 associated fee.

Signed

Date