

ROTATION APPLICATION

Preferred dates of Rotation: _____

STUDENT INFORMATION:

Student's Name: _____ Date: _____

E-mail address: _____ Phone number: _____

Mailing address: _____ Emergency contact name: _____

_____ Phone number: _____

SCHOOL INFORMATION:

School (name): _____ Year in School _____

School contact: _____ Title: _____

Contact's E-mail _____ Contact's Phone _____

ABOUT YOU:

What are your career goals?

What inspired you to practice medicine?

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

How have you shown interest in caring for rural/underserved populations?

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 will be processed through a third party company (CPNW) which has a \$100 associated fee.

Signed

Date