

Sub-Internship Medical Student Questionnaire

(Please TYPE or print clearly – fillable PDF)

Date:	First Name:	MI:	Last Name:
Preferred Name	Preferred Pronouns:	Email Address:	Phone Number:
CURRENT Street Address (include City, State, & Zip):			
Hometown-City & State (where you consider yourself to be from):			
Medical School Name:	Undergraduate School Name:		
Expected Grad Date:	Degree Received:		
Please list below your preferred dates to rotate:			
Are you pursuing a residency in Pediatrics?			
Are you interested in applying for residency at Full Circle Health-Pediatric Residency of Idaho?			
If so, why?			
Do you identify with any underrepresented identity in medicine (race, gender, ability, etc.)?			
Do you have any Connections to Idaho and/or rural communities?			
Describe your ideal spectrum of practice (inpatient, outpatient, ER, Sub-specialties) and any other career plans/goals:			

Activities or experiences that demonstrate your commitment to the underserved:
What languages do you speak and at what level of fluency?
Have you had any areas of academic difficulty, and how have you addressed those challenges?
Goals and interests outside of medicine:
Anything Else You Would like to Add?

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Please note that own transportation is required for this rotation and no housing is provided

Thank you for taking the time to complete this questionnaire. Your response will help us to assure a good fit with our program. If you have any questions please reach out to Rhonda Prudhomme, Pediatric Residency Coordinator, using the information below.

Please return all items to address/email below:

- 1. Questionnaire**
- 2. Unofficial USMLE or COMLEX Step/Level 1 scores**
- 3. Unofficial Medical School Transcripts**

Full Circle Health Pediatric Residency of Idaho
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