



Sub-Internship Medical Student Questionnaire

(Please TYPE or PRINT clearly – fillable PDF)

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|---|----------------------------|--|-------------------|
| Date: | First Name: | MI: | Last Name: |
| Preferred Name | Preferred Pronouns: | Email Address: | |
| Cell Number: | | | |
| CURRENT Street Address (include City, State, & Zip): | | | |
| Med School Coordinator/Admin. Contact Information: | | Hometown (City & State): | |
| Medical School: | | Undergraduate School: | |
| Expected Grad Date: | | Degree Received: | |
| Please RANK the below available rotation dates from 1 to 4 – with “1” being your top choice: Summer C (8/24/26 – 9/18/26): ____ Autumn B (10/19/26 – 11/13/26): ____ Autumn A (9/21/26 – 10/16/26): ____ Autumn C (11/16/26 – 12/11/26): ____ <div style="color: red; font-size: small;">**Note: Other rotation spots may become available after March 31**</div> | | Please RANK your preferred rotation type with “1” being your top choice: Inpatient Sub-I: ____ Outpatient Sub-I/Elec: ____ <div style="color: red; font-size: small;">**Note: all rotations are 4 weeks long**</div> | |
| Are you pursuing residency in Family Medicine? | | | |
| Are you interested in applying for residency at Full Circle Health Family Medicine Residency of Idaho Boise? 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? | | | |
| Activities or experiences that demonstrate your commitment to the underserved: | | | |

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| Describe your ideal spectrum of practice (inpatient, outpatient, ER, pediatrics, OB, etc.) and any other career plans/goals: |
| 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? |

*****Please note that own transportation is needed 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 Kaye Nelson, External Learner Coordinator, using the information below.

Please submit items below to address/email below:

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

Full Circle Health Family Medicine Residency of Idaho Boise
 Attn: Kaye Nelson, External Education Coordinator
 777 N. Raymond Street
 Boise, ID 83704
 Email (preferred): KayeNelson@FullCircleIdaho.org
 Phone: 208.954.8741