



## Sub-Internship Medical Student Questionnaire

(Please TYPE or print clearly – fillable PDF)

<b>Date:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Preferred Name</b>	<b>Preferred Pronouns:</b>	<b>Email Address:</b>	
<b>Phone Number:</b>			
<b>CURRENT Street Address</b> (include City, State, & Zip):			
<b>Hometown-City &amp; State</b> (where you consider yourself to be from):			
<b>Medical School Name:</b>		<b>Undergraduate School Name:</b>	
<b>Expected Grad Date:</b>		<b>Degree Received:</b>	
<b>Please RANK the below available rotation dates – with “1” being your top choice:</b> Spring B (4/27/26 - 5/22/26): ____ Summer C (8/24/26 - 9/18/26): ____ Spring C (5/25/26 - 6/19/26): ____ Autumn A (9/21/26 - 10/16/26): ____ Summer A (6/29/26 - 7/24/26): ____ Autumn B (10/19/26 - 11/13/26): ____ Summer B (7/27/26 - 8/21/26): ____ Other: _____			<b>We offer outpatient Sub-I's with the potential for Inpatient exposure:</b> Outpatient Sub-I/Elec: ____  <b>**Note: all rotations are 4 weeks long**</b>
<b>Are you pursuing a residency in Family Medicine?</b>			
<b>Are you interested in applying for residency at Full Circle Health Family Medicine Residency of Idaho - Magic Valley?</b>			
<b>If so, why?</b>			
<b>Do you identify with any underrepresented identity in medicine (race, gender, ability, etc.)?</b>			
<b>Do you have any Connections to Idaho and/or rural communities?</b>			
<b>Describe your ideal spectrum of practice (inpatient, outpatient, ER, pediatrics, OB, etc.) and any other career plans/goals:</b>			

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

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***\*Please note that your own transportation is needed for this rotation. Housing may be available upon request.***

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 Cherri Bingham, Residency Program 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 Family Medicine Residency of Idaho Magic Valley  
 Attn: Cherri Bingham, Residency Program Coordinator  
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 Jerome, ID 83338  
 Email: [binghacl@slhs.org](mailto:binghacl@slhs.org)  
 Phone: 208.814.9855