



Sub-Internship Medical Student Questionnaire

(Please TYPE or PRINT clearly – fillable PDF)

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: TBD		Please RANK your preferred rotation type with “1” being your top choice: Inpatient Sub-I: _____ Outpatient Sub-I/Elec: _____ **Note: all rotations are 4 weeks long**	
Are you pursuing residency in Family Medicine?			
Are you interested in applying for residency at Full Circle Health Family Medicine Residency of Idaho Caldwell? If so, why?			
Do you have any Connections to Idaho and/or rural communities?			
Activities or experiences that demonstrate your commitment to the underserved:			

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

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 Michelle Miller-Burgess, Caldwell Program 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-
Caldwell Program
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