

Marian Obstetrics/Gynecology Residency Program

Today's Date:	Database entry date:	
Student Name:		
Current Address:	Apt #:	Phone: ()
City, State, Zip:	E-mail:	
Emergency Contact: _____		
Relation to Applicant: _____		
Phone: _____		
Name of School:	Location:	Graduation Year:
Languages Spoken:		
Which areas of obstetrics/gynecology interest you? (check all that apply)		
<input type="checkbox"/> Community Health	<input type="checkbox"/> Reproductive endocrinology/infertility	
<input type="checkbox"/> Gynecological oncology	<input type="checkbox"/> Research	
<input type="checkbox"/> Gynecology	<input type="checkbox"/> Urology/gynecology	
<input type="checkbox"/> Health Policy/Advocacy	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Obstetrics		
Please list top 3 choices: Month/Day/Year Requesting (Start/End):	How did you learn about Marian Regional Medical Center?	
#1 _____	<input type="checkbox"/> Classmate <input type="checkbox"/> Colleague	
#2 _____	<input type="checkbox"/> School/Dean <input type="checkbox"/> Other Students	
#3 _____	<input type="checkbox"/> Publication: _____	
	<input type="checkbox"/> Other: _____	
Is this elective/project a requirement of your school/program? No Yes		
If YES, what is the requirement: <input type="checkbox"/> Obstetrics <input type="checkbox"/> Elective <input type="checkbox"/> Gynecology <input type="checkbox"/> Surgical <input type="checkbox"/> Specialty		
<input type="checkbox"/> Other: _____		
What are your future career plans?		

Are you interested in working with any special populations?	
Upon graduation, do you plan to work in a medically underserved area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haven't decided	Upon graduation, where would you like to work?
Have you participated in any of the Obstetrics/Gynecology Interest Group events at your school? If so, which one(s)?	
Please include the following with this application: <ol style="list-style-type: none"> 1) CV or Resume 2) Letter of interest which documents your reasons for wanting to rotate through our program and what you would like to accomplish during your time here; 3) USMLE/COMLEX scores 4) Transcript from your medical school - unofficial copy acceptable. Send completed application and supporting documents (email preferred) to: <p>Lydia Marin Extern Medical Student Program Coordinator Dignity Health Marian Regional Medical Center 1400 E. Church Street Santa Maria, CA 93454 805.739-3369 (direct) 805.346-3505 (Fax) lydia.marin@dignityhealth.org</p>	

Reviewed by:

Faculty Member _____

Program Director/Director Medical Education _____

