Dignity Health
Arroyo Grande Community Hospital
French Hospital Medical Center
Marian Regional Medical Center

PHYSICIAN/ NURSE MENTOR STUDENT APPLICATON 2020

Name:				Todays Date:	
Address:				**AREAS OF INTEREST**	
City:		State & Zip:		*Place a check by which mentorship program you are applying*	
Cell Phone:		Social Security #:		PHYSICIAN MENTORSHIP	
Email:				NURSE MENTORSHIP	
AGE (17 yrs minimum):		Date of Birth:		*For Physician Mentorship ONLY. RANK in order YOUR TOP 8*	
Male/Female:		Drivers License Number:			
Have you previously particpated in this program?		Yes ☐	What Year? No ☐	ANESTHESIOLOGY	
Name current school:		City of current school:		BARIATRIC GEN. SURG	
College ☐	High School Senior ☐	High School Junior ☐		CARDIOLOGY	
Why are you interested in this program?				DENTISTRY	
				PHARMACY	
				EMERGENCY ROOM	
				FAMILY PRACTICE	
Emergency contact info:				PA-PHYSICIAN ASSIST.	
Name:		Phone #:		NEPHROLOGY	
What career in medicine are you considering?				NEURO SURGERY	
				OR	
Do you have any transportation problems that prevent you from going to any of the hospitals or off-site clinics?		YES ☐	NO ☐	ORTHOPEDIC	
VACATION Dates Below:				INTERNAL MEDICINE	
VERY IMPORTANT! Be honest & accurate- this helps us with scheduling rotations				OB/GYN	
				PEDIATRICS	
				PHYSICAL THERAPY	
				RADIATION ONCOLOGY	
Applicants Signature:				PODIATRY	
Parent Signature (if under 18):				RESPIRATORY THERAPY	

DO NOT WRITE BELOW THIS LINE: FOR MENTOR STAFF TO FILL IN

Interview Notes:

ACCEPTED: DECLINED: REASON:

INTERVIEW DATE		IMMUNIZATIONS	
ORIENTATION DATE		LAB COAT SIZE	
TB TEST		Confirm Schedule conflicts	
BACKGROUND CK (OVER 18)			
VERIFY AGE		BIRTH CERTIFICATE	