

**Morehouse School of Medicine
Dominican Hospital Santa Cruz
Family Medicine Residency Program**

CLERKSHIP APPLICATION

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip Code _____

(____) _____
Telephone _____ Year in School (at time of clerkship) _____ E-mail Address _____

Medical School

Mailing Address _____ City _____ State _____ Zip Code _____

(____) _____
Telephone _____

Length of Clerkship Requested: 2 Weeks _____ 4 Weeks _____

Dates of Rotation Preferred: Choice No. 1 _____ to _____

Choice No. 2 _____ to _____

Will you need housing? _____ Will you have a car? _____

Do you speak Spanish? Fluent _____ Somewhat _____ None _____

What is your interest in our clerkship?

Do you have a connection to the Santa Cruz area or the Central Coast?
If yes, please explain. If no, please explain your interest in our area.

Please attach the following:

- **Photograph**
- **USMLE Step 1 Score or COMLEX 1 Score**
- **CV**

Student's Signature _____

Date of Application _____

*Please return application to: Layla Franks, Program Manager
layla.franks@commonspirit.org*