

Marian Family Medicine 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 health care interest you? (check all that apply)		
<input type="checkbox"/> Adolescent Health <input type="checkbox"/> Community Health <input type="checkbox"/> Integrative Medicine <input type="checkbox"/> Osteopathy <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Women's Health		
Please list top 3 choices: Month/Day/Year Requesting (Start/End): #1 _____ #2 _____ #3 _____	How did you learn about Marian Regional Medical Center? <input type="checkbox"/> Classmate <input type="checkbox"/> Colleague <input type="checkbox"/> School/Dean <input type="checkbox"/> Other Students <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"/> Family Medicine <input type="checkbox"/> Community Medicine <input type="checkbox"/> Primary Care <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 Family Practice Interest Group events at your school? If so, which one(s)?	
Please include the following with this application: 1) your CV or RESUME; 2) a 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; and 4) Transcript from your medical school - unofficial copy acceptable. Send completed application and supporting documents (email preferred) to: 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	

Reviewed by:

Faculty Member _____

Program Director/Director Medical Education _____