

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) Adolescent Health Community Health Integrative Medicine Osteopathy Sports Medicine 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? Classmate Colleague School/Dean Dother Students Dublication Other:			
Is this elective/project a requirement of your school/program?: No Yes If YES, what is the requirement: Family Medicine Community Medicine Primary Care Other:					
What are your future career plans?					



Are you interested in working with any special population	ns?				
Upon graduation, do you plan to work in a medically	Upon graduation, where would you like to work?				
underserved area?	open gradation, where would you like to work.				
☐ Yes ☐ No ☐ Haven't decided					
Have you participated in any of the Family Practice Interest	est 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@commonspirit.org					
Reviewed by:					
Faculty Member					
Program Director/Director Medical Education					