

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 Other Students
- Publication _____
- 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 populations?

Upon graduation, do you plan to work in a medically underserved area?

Yes No 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/COMPLEX 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 _____