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:						
 □ 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		Center? ☐ Classmate ☐ School/Dean ☐ Publication	n about Marian Regional Medical Colleague Other Students			
Is this elective/project a requirement If YES, what is the requirement:	Family Medicine	e Community Medic	ine Pri	mary Care		
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?	Upon graduation, where would you like to work?				
☐ Yes ☐ No ☐ Haven't decided					
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					