Dignity Health
Arroyo Grande Community Hospital
French Hospital Medical Center
Marian Regional Medical Center

PHYSICIAN MENTOR STUDENT APPLICATON 2021

Name:		Todays Date:	
Address:		**AREAS OF INTEREST**	
City:	State & Zip:	*For Physician Mentorship. RANK in order YOUR TOP 8*	
Cell Phone:	Social Security #:		
Email:		ANESTHESIOLOGY	
AGE (17 yrs minimum):	Date of Birth:	BARIATRIC GEN. SURG	
Male/Female:	Drivers License Number:	CARDIOLOGY	
Have you previously particpated in this program?	Yes ☐ What Year? No ☐	DENTISTRY	
Name of current school:	City of current school:	PHARMACY	
College ☐ High School Senior ☐ High School Junior ☐		EMERGENCY ROOM	
Why are you interested in this program?		FAMILY PRACTICE	
		PA-PHYSICIAN ASSIST.	
		NEPHROLOGY	
		NEURO SURGERY	
Emergency contact info:		OR	
Name: Phone #:		ORTHOPEDIC	
What career in medicine are you considering?		INTERNAL MEDICINE	
		OB/GYN	
Do you have any transportation problems that prevent you from going to any of the hospitals or off-site clinics?	YES ☐ NO ☐	PEDIATRICS	
VACATION Dates Below:		PHYSICAL THERAPY	
VERY IMPORTANT! Be honest & accurate- this helps us with scheduling rotations		RADIATION ONCOLOGY	
		PODIATRY	
		RESPIRATORY THERAPY	
		Interview Notes:	
Applicants Signature:			
Parent Signature (if under 18):			

DO NOT WRITE BELOW THIS LINE: FOR MENTOR STAFF TO FILL IN

ACCEPTED: DECLINED: REASON:

INTERVIEW DATE		IMMUNIZATIONS	
ORIENTATION DATE		LAB COAT SIZE	
TB TEST		Confirm Schedule conflicts	
BACKGROUND CK (OVER 18)			
VERIFY AGE		BIRTH CERTIFICATE	