



# Alaska Family Medicine Residency: 4<sup>th</sup> Year Medical Student Sub-I Rotation

## Student Application Form

Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Alternate Email \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Status of Residency:      **US Citizen**                      **Permanent Resident**                      **Other (specify):** \_\_\_\_\_

**What is your race?**                      *White*                      *Black or African American*                      *Asian American*  
(Optional/Check all that apply)

*Native Hawaiian or Other Pacific Islander*                      *American Indian*                      *Alaska Native*                      *Hispanic*                      *Latino*

**Gender/Pronoun** (Optional)      Female \_\_\_\_      Male \_\_\_\_      Other \_\_\_\_\_

**What is your Veteran's Status?**

*Not a Veteran*      *Active Duty Military*      *Reservist*      *Veteran (Prior Service)*      *Veteran (Retired)*

**Current Alaska Resident:** \_\_\_\_ Yes \_\_\_\_ No

**Former Alaska Resident:** \_\_\_\_ Yes \_\_\_\_ No

**If you are not an Alaska Resident, do you need travel, housing, transportation, etc. assistant? Do you have any special circumstances or health concerns, you would like to inform us?**

## School/Rotation Information

What year in school are you currently? \_\_\_\_\_ Are you considered  part-time or  fulltime?

School/Residency Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What year in school will you be for the rotation you are requesting? \_\_\_\_\_

Degree Pursuing \_\_\_\_\_ Planned Specialty \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Have you chosen to focus on primary care in your training?  Yes  No  N/A

Current Licenses/ # /Issuing State: \_\_\_\_\_

Current Certifications and expiration date \_\_\_\_\_

School Placement Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Rotation Dates \_\_\_\_\_

Alternate Dates Available \_\_\_\_\_

What is the level of supervision (credentials) required for your rotation? \_\_\_\_\_

Will you be receiving academic credit for your rotation?  Yes  No

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### Where did you hear about our program?

College/University referral (Please specify) \_\_\_\_\_

Friend/colleague/word of mouth \_\_\_\_\_

Internet (Please specify website) \_\_\_\_\_

Other (Please specify) \_\_\_\_\_



8. Please attach a one page personal statement describing your commitment to the poor/underserved and explain why you should be chosen for an Alaska Family Medicine Residency Sub-I Rotation. Include any experience from work or volunteer positions with youth, the aged, chronically ill or the disadvantaged. If you come from a disadvantaged background, please note and discuss. Also include cross-cultural experience.

When selected to participate in the Alaska Family Medicine Residency 4<sup>th</sup> Year Medical Student Sub-I rotation, you will be required to follow all on-board requirements by Providence Medical Staff office.

*I certify that the above information is correct to the best of my knowledge at the date of this application.*

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Signature of applicant

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Date

***Note: Filling out this application does not guarantee an offer of placement by the Alaska Family Medicine Residency. Students will be notified regarding if a rotation has been offered or not.***

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Applications for the Alaska Family Medicine Residency 4<sup>th</sup> year sub-internship should be emailed directly to By Thao: [by.thao@providence.org](mailto:by.thao@providence.org) with a subject line heading: *Application for Sub-Internship (Student name, Academic Year listing (i.e. 2017-2018))*