



Alaska Family Medicine Residency: 4th 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

Where did you hear about our program?

- College/University referral (Please specify) _____
- Friend/colleague/word of mouth _____
- Internet (Please specify website) _____
- Other (Please specify) _____

Personal Background Information

1. Which community did you grow up in or spend most of your childhood years*?

2. Is this community considered urban suburban rural frontier

3. In what non-English and/or non-verbal languages are you fluent?

4. Are you formally affiliated with a Native American tribal group? Yes No
Please specify:

5. What are your professional goals?

6. Why are you interested in a rotation in Alaska?

7. Do you have any ties to Alaska or have you travelled to Alaska previously. Please describe.

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 4th 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.

Signature of applicant

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.

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