



4th Year Medical Student Application

Name: _____ Date of Birth: _____

Current Address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Are you Hispanic or Latino?: Yes No

What is your race? White Black/African American Asian American
Alaska Native American Indian Native Hawaiian/Other Pacific Islander

Status of Residency: U.S. Citizen Permanent Resident Other _____

Gender: Female Male Other _____ Gender Pronouns: _____

What is your Veterans Status?
Not a Veteran Active Duty Military Reservist Veteran (Prior Service) Veteran (Retired)

Current/Former Alaska Resident: Yes No

School/Rotation Information

Medical School _____

Address _____

City _____ State _____ Zip _____

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

School Placement Coordinator _____

Coordinator Email: _____ Coordinator Phone: _____

Preferred Rotation Dates _____ Alternate Dates Available _____

Please attach a one-page personal statement explaining why you would like to complete a Sub-I Rotation with the Alaska Family Medicine Residency and how it aligns with your professional goals. Please describe your commitment and/or experiences with rural/underserved and vulnerable populations. Also include any cross-cultural experiences, ties to Alaska, and your personal background, as it relates to these experiences.

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.

Applicant Signature

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.

Email completed applications directly to Paige Morrow: Paige.Morrow@providence.org with the following title in the subject line: "Application for Sub-Internship (Student name, Academic Year listing)" (e.g. 2017-2018))

1. 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))*