



4th Year Medical Student Application

Name: _____ Date of Birth: _____

Current Address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

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

How do you identify? Female ____ Male ____ Other _____ Preferred Pronouns: _____

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: _____

Rotation Dates: Rank your top 3 rotation slots in order of preference (First = most desirable):

1. _____
2. _____
3. _____

For the 2025-2026 year those blocks are as follows:
Block A – July 28 through August 22, 2025
Block B – August 25 through September 19, 2025
Block C – September 22 through October 17, 2025
Block D – October 20 through November 14, 2025
Block E – November 17 through December 12, 2025

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.

If selected to participate in the Alaska Family Medicine Residency 4th Year Medical Student Sub-I rotation, you will be required to follow all on-boarding requirements by providence Medical Staff office.

Please note: The Medical Staff Office requires 3-4 months to complete their process. If you are seeking a rotation starting in late July, please plan to submit your application before March.

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

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 Denise Gleason: denise.gleason@providence.org with a subject line heading: *Application for Sub-Internship (Student name, Academic Year listing (i.e. 2017-2018))*