



FAMILY MEDICINE CLERKSHIP APPLICATION

Four week rotations August through February
5 students per rotation
2 Internal Medicine (inpatient)
2 Family Medicine (outpatient)
1 Pediatric Medicine (inpatient)

Basic Criteria for Consideration:

- 1) Students must be currently enrolled and in good standing in a LCGME approved medical school.
- 2) Must be 4th year medical student at the time of clerkship.
- 3) USMLE I score of 210 or higher. COMLEX score of 450 or higher.
- 4) Must be planning to specialize in Family Medicine.
- 5) With application, students must provide:
 - Letter of good standing and signed Program Affiliation Agreement
 - Proof of liability coverage from their sponsoring school/institution.
 - Immunization records
 - Current CV
 - Background Check (to be completed after application approval)

Upon acceptance you must provide a 2 Step TB, T-Dap, Flu vaccination and a 10 Panel Drug Screen, ALL dated within one year of rotation start date.
You will not be able to begin rotation without these items.

August 27 - September 23
September 24 – October 21
October 22 - November 18

November 19 – December 16
December 17 – January 13
January 14 – February 10

Applicant Name (last, first, full middle):

Date of Birth:

Last four of Social Security #:

Mailing Address:

Cell Phone:

Telephone (other):

Email Address:

Medical School, City & State:

Date of Medical School Graduation:

Have you taken Boards Part I: Yes No (Please provide copy of test result)
If yes, score:

Preferred Starting Date for Clerkship (rank up to three choices from options above):

1st

2nd

3rd

Please rank your preference for Clerkship Options:

Internal Medicine (inpatient experience with residents and faculty)

Family Medicine (outpatient experience in rural and/or underserved clinic)

Pediatrics- October-January dates ONLY (inpatient experience with residents and faculty)

Do you intend to or have you applied to our program through ERAS: Yes No Undecided

Return Application and Required Documentation to:
Madelaine Riel (MADELAINE.RIEL@tenethealth.com) OR
1400 Florida Avenue, Suite #200, Modesto, Ca 95350 (mailing)
P: 209.576.3519 F: 209.576.3597



MEDICAL STUDENT QUESTIONNAIRE

As part of gathering information for your clerkship application, please answer the following questions:

1. Why are you interested in family medicine as your chosen specialty? (one sentence answer is okay)

2. What other specialties are you considering, if any?

3. Where were you raised for the majority of your childhood?

4. Where do you hope to live following residency training?

5. Share one thing that the Central Valley is known for:

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