MEDICAL STUDENT CLERKSHIP APPLICATION

Thank you for your interest in medical student clerkships in coastal South Texas. We offer Family Medicine, Geriatrics and Obstetrics rotations! Each rotation is 4 weeks in length and is individually structured to maximize each student’s learning experience.

An application for medical student externship is enclosed. Please note that we only consider complete applications that include the following:

* **Complete application form including Clerkship Preference and Dates**
* **Curriculum Vitae or Resume**
* **Letter of recommendation and credentialing by the Dean of Medical Students/Student Affairs at your medical school to include a brief statement that you are a student in good standing**
* **A statement of liability insurance coverage for externship rotations from your medical school**
* **Immunization record**
* **Personal statement describing your interest in CHRISTUS Spohn Family Medicine Residency Program Medical Student externships (one paragraph)**
* **Medical School Transcript (unofficial is acceptable)**

Your application will be reviewed by the Director of Medical Student Education and rotation positions are offered based on limited availability. Once notified, we ask that you confirm this acceptance by telephone or email within ten (10) working days at (361) 861 1869 or [amanda.salas@christushealth.org](mailto:amanda.salas@christushealth.org). If you require further information, please do not hesitate to call or e-mail us.

We appreciate your interest and look forward to hearing from you.

Sincerely,

Amanda Salas

Research/ Student Coordinator

CHRISTUS HEALTH/TEXAS A&M COLLEGE OF MEDICINE- SPOHN HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM MEDICAL STUDENT ROTATION APPLICATION

Attach recent photograph here

Amanda Salas

Medical Student Coordinator

600 Elizabeth St. 9B

Corpus Christi, TX 78404

Email: Amanda.Salas@christushealth.org

(361) 861-1869

INSTRUCTIONS: Please submit this form and all documents to the medical student coordinator. Provide a copy to your Dean's Office to be submitted with a copy of the applicant's credentials, letter of recommendation, statement of liability insurance coverage, transcript (unofficial is acceptable) and immunization record.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

CURRENT ADDRESS (include City/State/Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: Email: \_\_\_\_\_\_\_

ADDRESS (City/State/Zip) (Permanent) PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Citizenship: \_\_\_\_\_\_\_

PREMEDICAL EDUCATION: School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any graduate educational experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL EDUCATION: School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select one: □3rd year medical student □4th year medical student □Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of **FM rotations** completed prior to this rotation\_\_\_\_\_\_\_

List all electives completed or currently taking in medical school (Include the location of any away rotations)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated Residency Medical Specialty:** \_\_\_\_\_\_\_

Has your medical school education been interrupted at any time? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your answer is yes, please explain. \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you failed or had to repeat any class or portion of medical school? \_\_\_\_\_\_\_\_ If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever failed any board examination during medical school? If yes, please explain. \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all dates and numerical board scores for all completed examinations (USMLE/COMLEX):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Student Externship Requested:**

(If requesting more than one externship, indicate 1st and 2nd choice)

□Family Medicine □OB

□Geriatrics

**ROTATION DATES REQUESTED:**

First Choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any additional information you feel is relevant to your application (**do not** write your personal statement in this area): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE

How did you learn about CHRISTUS Health/Texas A&M College of Medicine- Spohn Hospital Family Medicine Residency Program medical student rotation opportunities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complimentary Housing Information for**

**Medical Students:**

**Housing Coordinator:** Belinda Flores

Phone : (361) 881-8133

Email: Floresb3@uthscsa.edu

**Housing Location:** Harbour Landing Apartments

8033 S. Padre Island Drive

Corpus Christi, TX 78412

(361) 260-9160

1. **Make a reservation for housing as soon as possible after you have been notified of rotation acceptance. You will receive a housing confirmation form upon acceptance.**
2. **Be sure to bring your own linens to include bedding for a twin size bed. Feel free to bring any personal equipment such as a T.V., computer, etc.**
3. **Occasionally, students will need to share rooms. We will do our best to keep you informed of your living arrangements in a timely manner. We cannot guarantee complimentary housing but we will be more likely to meet your needs if you contact us as early as possible, at least 2 weeks before your rotation begins.**
4. **NO PETS**
5. **NO OVERNIGHT GUESTS as a courtesy to other medical students**
6. **A $100 cleaning fee is required**

From time to time it is necessary to visit the apartments and take inventory. If you have any questions or problems regarding your housing arrangements, please call Belinda Flores at phone at the number listed above.

We are very happy to have you rotate with us and hope you have a great experience during your medical student rotation.