



# Garnet Health

## MEDICAL CENTER

GRADUATE MEDICAL EDUCATION DEPARTMENT

Family Medicine Residency Program

### Fourth Year Medical Student Application Form

Please Print

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home address: \_\_\_\_\_

COMLEX/USMLE 1 Score: \_\_\_\_\_ COMLEX 2-CE/USMLE 2CK Score: \_\_\_\_\_ 2-PE/2-CS Pass/Fail: \_\_\_\_\_

Examination dates if not already taken: COMLEX 2 \_\_\_\_\_ USMLE 2: \_\_\_\_\_

Medical School: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Select rotation type: Audition \_\_\_\_\_ Core \_\_\_\_\_ Elective \_\_\_\_\_ Rotation/Specialty Requested: \_\_\_\_\_

**Requested dates in order of preference:**

First Choice: From \_\_\_\_\_ To \_\_\_\_\_

Second Choice: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever elected, or been asked/directed to leave any educational program and/or training prior to completion? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been suspended from an educational program and/or training? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever pled guilty to or been convicted of a crime or offense other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you need visa sponsorship Yes \_\_\_\_\_ No \_\_\_\_\_

Why would you like to rotate at Garnet Health?

What attracts you to Family Medicine?

What are you hoping to gain from this rotation?

What do you like to do for fun?

I hereby certify the information submitted on this form is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*To complete your application, please attach an updated Curriculum Vitae, and a photo ID with your COMLEX score transcripts and e-mail to [MedicalEducation@garnethealth.org](mailto:MedicalEducation@garnethealth.org)*

*If you are accepted for an audition, you will receive a confirmation email along with an Orientation packet and a list of items to be sent to the above email (an Orientation packet test, immunization forms).*