



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 FMResidency@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).