

## FM/OB ROTATION MEDICAL STUDENT APPLICATION

Name:		School:			
MS Year:		Anticipated year of Graduation:			
Email:		Phone:			
1 <sup>st</sup> choice Rotation Dates:					
	Start Date				
2 <sup>nd</sup> choice Rotation Dates:					
	Start Date	End Date			
Type of Rotation (check box):	☐ FM Clerkship	☐ FM Sub-I ☐ FM Audition** ☐ OB/GYN Clerkship			
Time off during rotation:					
Time off during rotation:	(Holiday, exam, re	eturn to school, etc.)			
Housing Required:   Yes	□No				
<b>Note:</b> This completed applicat	ion form and/or and owing: Alisa Powell -	ON request on next page**  y questions concerning the family medicine clerkship  Medical Student Clerkship Coordinator  a residency interview.			
Quynh Chu, MD – Associate D <b>Address:</b> Family Medicine Cen Heritage Valley Family Medicin 1125 7 <sup>th</sup> Avenue Beaver Falls, PA 15010 Phone Number: (724)773-898 Fax Number: (724)770-7945	ter ne Residency Progra	am			
		GME Office Only  1st Contact Date  Sheet forwarded to FM Faculty Approved Student notified of acceptance			



## **FAMILY MEDICINE AUDITION ROTATION QUESTIONS**

Areas of Interest (check boxes of interest):							
<ul><li>Behavioral Health</li></ul>	☐ Patients with Special			Sports Medicine			
☐ Home Visits	Needs			Opioid use disorder			
<ul><li>Community Medicine</li></ul>	□ OMT			treatment			
☐ Geriatrics	□ Procedures			Other:			
Exam	Step 1	Step 2					
Scores (USMLE or COMLEX):							
Attempt(s):							
<ol> <li>Why are you interested in our residency program?</li> </ol>							
2. What is your local connection to the Beaver Falls area?							
3. What type of practice setting and location do you see yourself in after residency?							
<ol> <li>Have there been any interrup</li> </ol>	tions with your medi	cal school educati	on? If	f so, please explain:			