



FM/OB ROTATION MEDICAL STUDENT APPLICATION

Name: _____ School: _____
(Print)

MS Year: _____ Anticipated year of Graduation: _____

Email: _____ Phone: _____

1st choice Rotation Dates: _____
Start Date End Date

2nd 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: _____
(Holiday, exam, return to school, etc.)

Housing Required: Yes No

****Additional questions for FM AUDITION request on next page****

Note: This completed application form and/or any questions concerning the family medicine clerkship should be directed to the following: Kyrie O’Leary - Medical Student Clerkship Coordinator
koleary@hvhs.org

*Rotating with our program does not guarantee a residency interview.

Quynh Chu, MD – Associate Director

Address: Family Medicine Center

Heritage Valley Family Medicine Residency Program

1125 7th Avenue

Beaver Falls, PA 15010

Phone Number: (724)773-8988

Fax Number: (724)770-7945

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):

- | | | |
|---------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Patients with Special | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Home Visits | Needs | <input type="checkbox"/> Opioid use disorder |
| <input type="checkbox"/> Community Medicine | <input type="checkbox"/> OMT | treatment |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Procedures | <input type="checkbox"/> Other: _____ |

Exam	Step 1	Step 2
Scores (USMLE or COMLEX):		
Attempt(s):		

1. Why are you interested in our residency program?

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?

4. Have there been any interruptions with your medical school education? If so, please explain:
