

# PROVIDENCE INTERNAL MEDICINE RESIDENCY SPOKANE

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## APPLICATION FOR CLERKSHIP (SENIOR ELECTIVE)

Preferred Dates: \_\_\_\_\_ to \_\_\_\_\_  
Alternate Dates: \_\_\_\_\_ to \_\_\_\_\_  
Alternate Dates: \_\_\_\_\_ to \_\_\_\_\_  
Alternate Dates: \_\_\_\_\_ to \_\_\_\_\_

**Clerkship Choice:** (check box below)

Internal Medicine                      ICU

**NAME** \_\_\_\_\_

**MAILING ADDRESS:**  
\_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Medical school:** \_\_\_\_\_

**Medical School mailing address:** \_\_\_\_\_  
\_\_\_\_\_

**Matriculation date:** \_\_\_\_\_ **USMLE/COMLEX 1 score** \_\_\_\_\_

**Expected graduation date:** \_\_\_\_\_ **USMLE/COMLEX 2 score (if taken):** \_\_\_\_\_

**Future specialty interest:** \_\_\_\_\_

### PLEASE INCLUDE:

📁 **COMPLETED STUDENT APPLICATION PACKET** (Required for non-affiliated students only)

📁 **A SHORT STATEMENT ADDRESSING THE FOLLOWING:** a) Where were you raised? b) How did you hear about our program? c) Do you have family/friends in this region of the country?

📁 **TWO LETTERS OF RECOMMENDATION - MANDATORY**

Names of letter writers: 1. \_\_\_\_\_

2. \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed application, including LORs, should be submitted directly from your school administrator/registrar's office to Teri Yaeger by email: teri.yaeger@providence.org*

**We accept subinternship applications Dec 1-Feb 28 for the upcoming academic year. Clerkship status (approval/denial) and notification to students/school will be made by Mar 15, or the Monday following if Mar 15 falls on a weekend.**