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 LORSs, **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.