



# Phoebe

## Family Medicine Residency

### Application for Rotation

Medical school should provide proof that it is listed by the World Health Organization's World Directory of Medical Schools and that it has undergone accreditation by the appropriate authority in the home country and that the accrediting process of the medical school's home country's accreditation agency has been found by the National Committee on Foreign Medical Education and Accreditation of the United States Department of Education to be substantially similar to that of the Liaison Committee on Medical Education.

#### PERSONAL INFORMATION

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email: \_\_\_\_\_

Graduation year: \_\_\_\_\_

Limited housing is available on a first come first serve basis

Will you require housing? Yes \_\_\_\_\_ No \_\_\_\_\_

For housing purposes: Male \_\_\_\_\_ Female \_\_\_\_\_

What clerkships have you completed so far: \_\_\_\_\_

What is your specialty(s) interest: \_\_\_\_\_

#### MEDICAL SCHOOL INFORMATION

Medical School: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person at school: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ROTATION INFORMATION

Family Medicine Core & Elective Date Requests:

Date: 1<sup>st</sup> Choice \_\_\_\_\_ to \_\_\_\_\_

Date: 2<sup>nd</sup> Choice \_\_\_\_\_ to \_\_\_\_\_

Date: 3<sup>rd</sup> Choice \_\_\_\_\_ to \_\_\_\_\_

## REQUIRED DOCUMENTATION

**\*\*\* Documentation is only needed if you are approved\*\*\***

- Letter of good standing
- Proof of the student's successful completion of the USMLE part I
- Proof of the student's United States citizenship.
- Student's evaluation form for completion by our office
- Proof of the student's back ground check
- Proof of student's drug test
- Proof of the student's valid & current US malpractice insurance in the amount of \$1000,000.00 per occurrence and 3, 000, 000.00 (US) aggregate
- Proof of the student's receipt of all necessary immunizations (*see particulars below*) as well as documentation of recent (*within 12 months*) PPD testing
  - \_\_\_\_\_ measles
  - \_\_\_\_\_ mumps
  - \_\_\_\_\_ rubella
  - \_\_\_\_\_ hepatitis B
  - \_\_\_\_\_ varicella
  - \_\_\_\_\_ tetanus

**\*\*\*You will need your own transportation for this rotation\*\*\***

**Return Completed Application and Supporting Documents to:**

**Susan Hall  
Clerkship Coordinator  
Phoebe Family Medicine Residency  
2336 Dawson Road, Suite 2200  
Albany, GA 31707  
shall@phoebehealth.com**

**Phone (229)312-8878**

**Fax (229)312-8743**