Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

LLU Family Medicine

Please complete on or before Wednesday, April 9, 2014

Students are reponsible for providing their own transportation to and from clerkship sites and didactic sessions. We cannot guarantee a site within walking distance.

email address:
Phone Number:
Do you speak Spanish?
What are your Clerkship Dates?
(1) 06/23/14 - 07/18/14
(2) 08/04/14 - 08/29/14
(3) 09/01/14 - 09/26/14
(4) 10/13/14 - 11/07/14
(5) 11/10/14 - 12/05/14
(6) 01/05/15 - 01/30/15 (7) 02/02/15 - 02/27/15
(7) 02/02/15 - 02/27/15 (8) 02/16/15 - 04/10/15
(8) 03/16/15 - 04/10/15 (0) 04/13/15 - 05/09/15
(9) 04/13/15 - 05/08/15 (10) 05/25/15 - 06/19/15
W
Current residency interest(s):
LOCAL CITE DREEDENCE: Diongo work at longt 2 of the logations listed helpy in order of
LOCAL SITE PREFERENCE: Please rank at least 3 of the locations listed below in order of preference. Clerkship locations are assigned on a first come, first served basis so be sure to
submit your request early.
submit your request early.
Arrowhead Regional Medical Center
Glendale Adventist Medical Center - (Answer housing question below.)
Eisenhower Medical Center - (Answer housing question below.)
Kaiser Fontana - (Fill supplemental rotation application below.)
Kaiser Riverside
Kaiser Ontario
Kaiser San Bernardino

^{*} indicates a mandatory response

SACHS - LLU Family Medicine Residency Clinic
Long Beach Memorial - (No housing available at this time.)
Riverside County Regional Medical Center
White Memorial Medical Center - (Answer housing question below.) 💌
Local Sites: Riverside, San Bernardino, Rialto, Upland, Rancho Cucamonga, Highland, and Yucaipa
If you are assigned at one of the sites below, would you need housing?
Glendale Adventist Medical Center
Eisenhower Medical Center -
White Memorial Medical Center
OFF-SITE LOCATIONS: If you choose to do your rotation at one of the off-site locations listed below, you are still expected to meet all requirements of the rotation! Despite our efforts to select the best sites, we DO NOT guarantee that your off-site location will be able to cover all required materials and it is your sole responsibility to meet all educational goals. If you have problems with time management or if you are not self-directed, we STRONGLY advise you to stay local.
Please note: All students are required to return to Loma Linda for final exams which are held the last 2 days of each rotation.
Florida Hospital (Orlando, FL area) - Must apply online at http://www.fhgme.com/medstudents/externship.htm
Hanford (Rural)
Hinsdale Hospital (Chicago, IL area) - Fill supplemental rotation application below. No housing available at this time.
Portland Adventist - Fill supplemental rotation application below. 💌
You may request a specific location, however; many are not regularly available. Enter your specific physician and/or location request (must currently hold LLU faculty appointment).
SUPPLEMENTAL ROTATION APPLICATION: If you are applying to
Kaiser Fontana, Hinsdale, or Portland, please fill this section.
This supplemental application is for the rotation located at (Kaiser Fontana, Hinsdale, Portland):
Name:

Home Address:	
email address:	
Home Phone:	
Mobile Phone:	
DOB:	
Sex (M/F):	
Marital Status (Single/Married):	
Your Home Town:	
Rotation Dates:	
College (Name, Degree, & Graduation	Date):
Graduate School (Name, Degree, & Gr	aduation Date):
Medical School Graduation Date:	
Will you need housing (Y/N)?	
Do you speak Spanish (Y/N)?	
Are you an active member of the LLU I	Family Medicine Interest Group (Y/N)?
How interested are you in pursuing Fa Somewhat Interested, Very Interested	amily Medicine as your choice for specialty practice (Not Interested, d)?
At this time, what is/are your specialt	y interest(s)?
Why you would like to complete your paragraphs)?	Family Medicine rotation at the site you have requested (1-2
The following will be displayed on forms (for the evaluator to answer)	where feedback is enabled
*Did you have an opportunity to meet with this	trainee to discuss their performance?

O Yes

◯ No	
(for the evaluee to answer)	
*Did you have an opportunity to discuss your performance with your preceptor/supervisor? Yes No	