

Evaluated By: evaluator's name

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

: start date to end date Dates

Phone:

If you are scheduled to complete your Sub-Internship in Family Medicine, please complete this form on or before Wednesday, April 9, 2014.

The Senior Sub-Internship in Family Medicine is a rotation designed to prepare students for primary care residencies. It is primarily an in-patient rotation, taking overnight call about every fourth night, working with a team of family practice residents, and will sometimes include 2-4 afternoons per week seeing patients in family practice offices. In addition, there will be an emphasis on the continuity of care of patients discharged from the hospital and seen either in the office or with home health services.

| What are your Sub-Internship Dates? |
|-------------------------------------|
| (1) 06/30/14 - 07/27/14 |
| (2) 07/28/14 - 08/24/14 |
| (3) 08/25/14 - 09/21/14 |
| (4) 09/22/14 - 10/19/14 |
| (5) 10/20/14 - 11/16/14 |
| (6) 11/17/14 - 12/14/14 |
| (7) 01/05/15 - 02/01/15 |
| (8) 02/02/15 - 03/01/15 |
| (9) 03/02/15 - 03/29/15 |
| (10) 03/30/15 - 04/26/15 |
| (11) 04/27/15 - 05/24/15 |
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| Junior Clerkship Location? |
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Please rank at least 3 of the locations listed below in order of preference. Sub-Internship locations are assigned on a first come, first served basis so try to put in your request early. If you are interested in applying to Kaiser, Fontana or Hinsdale Hospital, you are required to complete the supplemental rotation application.

k below).

| Students applying to Florida Hospital must apply online (use link |
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| Loma Linda University East Campus Medical Center |
| Glendale Adventist Medical Center - (Answer housing question below.) |
| White Memorial Medical Center - (Answer housing question below.) |
| Arrowhead Regional Medical Center |
| Riverside County Regional Medical Center |
| Kaiser Fontana - (Fill supplemental rotation application below.) |

^{*} indicates a mandatory response

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|---|-------------------------------------|
| Hinsdale Hospital - (Fill supplemental rotation application below. | No housing available at this time.) |
| Florida Hospital - (Must apply online at http://www.fhgme.com/me | edstudents/externship.htm) |
| Hanford - (Answer housing question below.) | |
| Other Location | |
| Name of Other Location: | |
| If you are assigned at one of the sites below, would you n | eed housing? |
| Glendale Adventist Medical Center | |
| White Memorial Medical Center | |
| Eisenhower Medical Center - Rancho Mirage | |
| Hanford | |
| All scheduling for Family Medicine Sub-Internships at the a through the clerkship office; please do not contact these | |
| SUPPLEMENTAL ROTATION APPLICATION | : If you are applying to |
| Kaiser Fontana or Hinsdale, please fill th | is section. |
| This supplemental application is for the rotation located at (Kaise | er Fontana, Hinsdale): |
| 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, & Graduation 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 Family Medicine Interest Group (Y/N)? How interested are you in pursuing Family Medicine as your choice for specialty practice (Not Interested, Somewhat Interested, Very Interested)? At this time, what is/are your specialty interest(s)? | | | | |
| | | | | Why you would like to complete your Family Medicine rotation at the site you have requested (1-2 paragraphs)? |
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| The following will be displayed on forms where feedback is enabled (for the evaluator to answer) | | | | |
| *Did you have an opportunity to meet with this trainee to discuss their performance? Yes | | | | |
| ○ No | | | | |
| (for the evaluee to answer) | | | | |
| *Did you have an opportunity to discuss your performance with your preceptor/supervisor? O Yes | | | | |
| ○ No | | | | |
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