



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 _____

Nutritional Needs: _____
(eg., vegetarian, pork restrictions, etc)

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: 1st Choice _____ to _____

Date: 2nd Choice _____ to _____

Date: 3rd 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 Workman
Clerkship Coordinator
Phoebe Family Medicine Residency
2336 Dawson Road, Suite 2200
Albany, GA 31707
[**sworkman@phoebehealth.com**](mailto:sworkman@phoebehealth.com)

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