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| Application for Clinical Experience  Medical Student | |
| This application is intended for all medical students requesting clinical rotations in varied outpatient and inpatient settings, including our Family Medicine Residency sub-internship audition rotation.  **Instructions:** Please complete this form in its entirety and provide all requested supporting documents a **minimum of 8 weeks** before your earliest requested rotation date. You will be notified via email whether your application has been approved.  In addition to this filled application form, submit the following additional documents in PDF format:   * Cover letter detailing   + your future career goals including specialty, type of practice, and more   + your specific interest in Central Maine Healthcare   + your ties to the Lewiston/Auburn community and/or Maine (if applicable) * Curriculum vitae or resume (highlight honors, activities, and work experience) * Digital copy of your current transcript (can be unofficial) * Step scores (if applicable)   **Your application is not considered complete until *all requested materials* are received**. | |
| Application submission date: | |
| First Name: | |
| Last Name: | |
| Address― Street, City, State, Country: | |
| Email: | Primary Phone: |
| Emergency Contact Name: | Emergency Contact Phone: |
| Medical School: | |
| Expected Graduation Date: | |
| School Address― Street, City, State, Country: | |

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| Clinical Coordinator Name (Medical School Contact) | |
| Coordinator’s Email: | Coordinator’s Phone: |

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| CLINICAL EXPERIENCE REQUEST DETAIL | | | | |
| This application is for a single rotation or clinical experience consideration within the date range options you list. The two options are to help us accommodate you.  The specialty options are **either/or, not both. Please do not list multiple requests.**  *Rotation details/information on which specialties are accepting students for rotation are outlined on the* [*website*](https://www.cmhc.org/careers/residency-program/medical-students/)*. Kindly request only from those options.* | | | | |
| Rotation date range (Option 1): | | | | |
| Rotation date range (Option 2): | | | | |
| Specialty (Option A): | | | | |
| Specialty (Option B): | | | | |
| Rotation Request Comments: | | | | |
| Do you need housing in the Lewiston/Auburn area? YES NO  \*Please be advised it may be necessary for you to share an apartment if student census is high. | | | | |
| Family Medicine Residency applicant interviews are conducted from mid-October through mid-December. | | | | |
| Are you considering applying? |  | YES |  | NO |