



Providence Hospital
Department of Family Medicine
 22250 Providence Drive, Suite 557
 Southfield, MI 48075
 Phone: (248) 849-3447

**PROVIDENCE-PROVIDENCE PARK HOSPITAL
 DEPARTMENT OF FAMILY MEDICINE
 ELECTIVE FOURTH YEAR APPLICATION**

Students are allowed to complete only 2 rotations with the FM program; this includes core rotations

Personal Information

Name: _____ Hometown: _____

Medical School: _____ Expected Graduation Date: _____

Email Address: _____ Phone #: _____ Cell _____ Home _____

Medical School Experience

Core Clinical Clerkship Hospital: _____ Location: _____

How many basic science courses repeated (*number*): _____ Number of Honors courses: _____

USMLE Step 1 Score: _____ USMLE Step II Score (*if known*): _____

Career Plans (*FM not mandatory, but given preference*)

I plan to apply for: **FM** **Other:** _____

Rotation Request

Choose all that apply: (** Requires passing a general 4-week Family rotation*)

- | | |
|--|--|
| Family Medicine Outpatient-Residency Clinic Southfield | Family Medicine Outpatient-Residency Clinic South Lyon |
| Family Medicine Inpatient* | Family Medicine Sub-Internships* |

Months Allowed: (*Choose all that apply*)

- | | | | | | |
|----------|-----------|---------|----------|----------|---------|
| August | September | October | November | December | January |
| February | March | April | May | June | |

Essay (*required for all rotation requests*)

In 500 words or less, please tell us who you are. Please send an attachment in the form of a document.

Submission

All applications must be turned in by **May 1st** to be considered for review. Please return your completed application to Erin Holt in Medical Education via email (erin.holt@ascension.org) or by fax (248-849-3931). All applications will be reviewed by the Family Medicine Program. Upon approval, you will be contacted to schedule your rotation. The Family Medicine Program reserves the right to approve or decline applications per their discretion.