



### Medical Student Application: Clerkships/Sub-Internships

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Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Idaho Resident:  Yes  No    Former Idaho Resident:  Yes  No

What year in school are you currently? \_\_\_\_\_ Are you considered [  ] part-time or [  ] fulltime?

What type of type of clerkship are you applying for?  
\_\_\_\_\_  
\_\_\_\_\_

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### School/Rotation Information

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What year in school will you be for the clerkship you are requesting? \_\_\_\_\_

Degree Pursuing \_\_\_\_\_ Planned Specialty \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Current Licenses/ # /Issuing State: \_\_\_\_\_

Current Certifications & expiration date \_\_\_\_\_

School Placement Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Rotation Dates \_\_\_\_\_ Length of Placement \_\_\_\_\_

Alternate Dates Available \_\_\_\_\_ Length of Placement \_\_\_\_\_

What is the level of supervision (credentials) required for your rotation? \_\_\_\_\_

Will you be receiving academic credit for your rotation?  Yes  No

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**Where did you hear about our program?**

[ ] College/University referral (Please specify) \_\_\_\_\_

[ ] Friend/colleague/word of mouth \_\_\_\_\_

[ ] Internet (Please specify website) \_\_\_\_\_

[ ] Other (Please specify) \_\_\_\_\_

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**Personal Statement Information**

**Please attach a one page personal biography addressing the following questions.**

1. What are your professional goals/plans?
2. What are you goals for this rotation?
3. If requesting a Family Medicine clerkship, why are you interested in a rotation with Kootenai Clinic Family Medicine Residency?
4. What is your interest in future rural practice?
5. What are your hobbies/interests outside medicine?
6. Describe your commitment to the poor/underserved OR commitment in regards to either rural medicine, wilderness medicine or full-spectrum family medicine. Include any experience from work or volunteer positions that would demonstrate this commitment.

**Required:**

**Include with your application form a letter of good standing from your training program director indicating the status of your academic standing. Your application will be activated when the Letter of Good Standing is received.**

If selected for a clerkship with Kootenai Health, you **will** be required to provide the following information:

- Your training program learning objectives relevant to the placement you seek.
- Documentation of a current flu vaccination within the last 6 months
- A letter from your training program or insurance company confirming malpractice insurance coverage, professional and general liability, and workers compensation during the dates of your clinical placement.
- A current affiliate agreement between your training program and Kootenai Health

*I certify that the above information is correct to the best of my knowledge at the date of this application.*

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Signature of applicant

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Date

**Note: Filling out this application does not guarantee a clerkship with Kootenai Health.**

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Thank you for taking the time to complete this application. Your response will help to assure a good fit with our program.

If you have any questions please contact Amanda Junttila or 208-625-6029

**Please email this application and all related materials to:**

Amanda Junttila  
[ajunttila@kh.org](mailto:ajunttila@kh.org)

**Completed Application Check List:**

- ✓ Completed application form.
- ✓ Letter of good standing from your training program director.
- ✓ Completed personal statement information addressing 6 questions, typed and attached.