



FAMILY MEDICINE RESIDENCY  
OF IDAHO

## Fourth Year Medical Student Questionnaire

|  |   |  |
|--|---|--|
| <b>Date:</b>   | <b>Full Name</b> <i>(Please Print - first, middle, last):</i>   |  |
| <b>Telephone number:</b>   | <b>E-mail:</b>  |  |
| <b>Street Address</b> (City, State, & Zip):  |   |  |
| <b>Birth Date:</b>   | <b>City &amp; State Where You're From:</b>  |  |
| <b>Medical School:</b>   | <b>Undergraduate School:</b>  |  |
| <b>Expected Grad Date:</b>   | <b>Degree Received:</b>   |  |
| <b>Length of Rotation Desired</b> (4 week preferred):<br><input type="checkbox"/> 4 weeks<br><input type="checkbox"/> 2 weeks  | <b>Are you interested in applying for Residency here?</b>   |  |
| <b>What type of rotation are you interested in?</b><br><input type="checkbox"/> Family Medicine <b>Inpatient</b> Sub-Internship<br><input type="checkbox"/> Rural week option: <input type="checkbox"/> Caldwell   <input type="checkbox"/> Magic Valley<br><input type="checkbox"/> Family Medicine <b>Outpatient</b> Sub-Internship<br><input type="checkbox"/> Rural week option: <input type="checkbox"/> Caldwell   <input type="checkbox"/> Magic Valley<br><input type="checkbox"/> Family Medicine Rural Sub-Internship ( <i>pick choice below</i> )<br><input type="checkbox"/> Caldwell, FMRI Rural Training Track Site<br><input type="checkbox"/> Magic Valley, FMRI Rural Training Track Site | <b>Dates Interested in Rotating at FMRI:</b><br>First Choice:<br>Second Choice:<br>Third Choice:<br>Comments: |  |
| <b>Clerkships Completed:</b>   |   |  |
| <b>Goals for this Rotation:</b>  |   |  |

|  |
|--|
| <b>Residency Plans:</b>                          |
| <b>Career Plans/Goals/Educational Interests:</b> |
| <b>Goals Outside of Medicine:</b>                |
| <b>Hobbies Interests &amp; Recreation:</b>       |
| <b>Anything Else You Would like to Add?</b>      |

***\*Please note that transportation is needed for this rotation and no housing is provided***

Thank you for taking the time to complete this questionnaire. Your response will help us to assure a good fit with our program. If you have any questions please contact Kaye Nelson at [kaye.nelson@fmidaho.org](mailto:kaye.nelson@fmidaho.org) or at 208-954-8741.

**Please return this Questionnaire, Unofficial Level/Step 1 scores & Medical School Transcripts to:**

Family Medicine Residency of Idaho  
Attn: Kaye Nelson  
777 N. Raymond Street  
Boise, ID 83704

Email: [kaye.nelson@fmidaho.org](mailto:kaye.nelson@fmidaho.org)  
Phone: 208.954.8741