



FAMILY MEDICINE RESIDENCY
OF IDAHO
Boise Program

Fourth Year Medical Student Questionnaire

Date:	Full Name <i>(Please Print - first, middle, last):</i>	
Cell Phone Number:	E-mail:	
CURRENT Street Address (City, State, & Zip):		
Birth Date:	Hometown-City & State (where you consider yourself to be from):	
Medical School Name:	Undergraduate School Name:	
Expected Grad Date:	Degree Received:	
Length of Rotation Desired (4 week preferred): <input type="checkbox"/> 4 weeks <input type="checkbox"/> 2 weeks	Are you interested in applying for Residency here?	
What type of rotation are you interested in? <input type="checkbox"/> Family Medicine <i>Inpatient</i> Sub-Internship at Boise Program <input type="checkbox"/> Family Medicine <i>Outpatient</i> Sub-Internship at Boise Program <input type="checkbox"/> Rural week option at Magic Valley RTT (if available)	Dates Interested in Rotating at FMRI: First Choice: Second Choice: Third Choice: Comments:	
Clerkships Completed:		
Goals for this Rotation:		

Residency Plans:
Career Plans/Goals/Educational Interests:
Goals Outside of Medicine:
Hobbies Interests & Recreation:
Anything Else You Would like to Add?

****Please note that own 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 or at 208-954-8741.

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

Family Medicine Residency of Idaho – Boise Program
 Attn: Kaye Nelson
 777 N. Raymond Street
 Boise, ID 83704
 Email: Kaye.Nelson@FMRIdaho.org
 Phone: 208.954.8741