



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>Cellphone number:</b>	<b>E-mail:</b>		
<b>CURRENT Street Address</b> (City, State, & Zip):			
<b>Birth Date:</b>	<b>Hometown-City &amp; State</b> (where you consider yourself to be from):		
<b>Medical School Name:</b>	<b>Undergraduate School Name:</b>		
<b>Expected Grad Date:</b>	<b>Degree Received:</b>		
<b>Length of Rotation Desired</b> (4 week preferred): <input type="checkbox"/> 4 weeks <input type="checkbox"/> 2 weeks	<b>Are you interested in applying for Residency here?</b>		
<b>Rotation Type</b> <input type="checkbox"/> Family Medicine <b><i>Outpatient</i></b> Sub-Internship at Magic Valley Rural Program	<b>Dates Interested in Rotating at FMRI:</b> First Choice: Second Choice: Third Choice: Comments:		
<b>Clerkships Completed:</b>			
<b>Goals for this Rotation:</b>			

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

***\*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 Cherri Bingham at [binghacl@slhs.org](mailto:binghacl@slhs.org) or at 208-814-9855.

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

Family Medicine Residency of Idaho – **Magic Valley Rural Program**  
 Attn: Cherri Bingham  
 132 W. 5<sup>th</sup> Ave. Ste. 1  
 Jerome, ID 83338  
 Email: [binghacl@slhs.org](mailto:binghacl@slhs.org)  
 Phone: 208.814.9855