



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 (include City, State, & Zip):		
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 weeks preferred): <input type="checkbox"/> 4 weeks <input type="checkbox"/> 2 weeks	Are you interested in applying for Residency here?	
Please RANK the below available rotation dates from 1 to 6 – with “1” being your top choice: Spring A (3/29/21 – 4/23/21): Autumn B (10/25/21 – 11/19/21): Spring C (5/24/21 – 6/18/21): Autumn C (11/22/21 – 12/17/21): Summer B (7/26/21 – 8/20/21): Winter A (1/3/22 – 1/28/22):		Please RANK your preferred rotation type with “1” being your top choice: Inpatient Sub-I: Outpatient Sub-I/Elec:
Clerkships Completed:		
Goals for this Rotation:		

2020v4

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 reach out to Kaye Nelson, External Learner Coordinator using the information below.

Please return all items to address/email below:

- 1. Questionnaire**
- 2. Unofficial USMLE or COMLEX Step/Level 1 scores**
- 3. Unofficial Medical School Transcripts**

Family Medicine Residency of Idaho – Boise Program
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