



FAMILY MEDICINE RESIDENCY
OF IDAHO
NAMPA PROGRAM

MEDICAL STUDENT QUESTIONNAIRE

Date:	Full Name <i>(Please Print - first, middle initial, last name):</i>		
Cell Phone#:	E-mail:		
CURRENT Street Address:			
CURRENT City:	CURRENT State:	CURRENT Zip:	
Birth Date and Place of Birth:	Hometown – City & State (where you consider yourself to be from):		
High School Name:		High School Location and Graduation Year:	
Medical School Name:		Undergraduate School Name:	
Expected Grad Date:		Degree Received:	
Length of rotation desired (4 week is FMRI Nampa's preference): <input type="checkbox"/> 4 weeks or <input type="checkbox"/> 2 weeks		Are you interested in applying for residency here?	
Type of rotation desired? <input type="checkbox"/> Family Medicine Sub-Internship in Nampa		Dates interested in rotating at FMRI Nampa: First Choice: Second Choice: Third Choice: Comments:	
Clerkships Completed:			
Goals for this Rotation:			

Residency Plans:

Career Plans – Life Goals – Educational Interests:

Goals Outside of Medicine:

Hobbies – Interests – Recreation:

****Please note: 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 Marsha Wadsworth, Residency Program Coordinator.

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

Family Medicine Residency of Idaho – Nampa
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