

LYNCHBURG FAMILY MEDICINE RESIDENCY

APPLICATION FOR 4TH YEAR MEDICAL STUDENT CLERKSHIP

NAME: _____ DATE: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

MEDICAL SCHOOL: _____

CONTACT PERSON: _____

SCHOOL PHONE NUMBER: _____

DATES REQUESTED FIRST CHOICE: _____

SECOND CHOICE: _____

HOUSING NEEDED: YES___ NO___

BRINGING CAR: YES___ NO___

THE FOLLOWING REQUIREMENTS MUST BE SUBMITTED WITH THIS APPLICATION:

- Letter from your Medical School attesting to good standing, and approving clerkship
- Proof of liability insurance (including amount - carried by Medical School) covering student
- A current Curriculum Vitae (CV)
- Current USMLE or COMLEX scores
- Personal Interest Statement regarding this rotation

Please return completed Application and Required Documentation to nicki.baugher@centrahealth.com.

If you have any questions or need more information, please contact Nicki Baugher by email above or by phone at 434-200-6143.