



For Office Use Only:

Date Received: _____
Initials: _____

CONTRA COSTA FAMILY
MEDICAL RESIDENCY PROGRAM
APPLICATION FOR CLINICAL CLERKSHIP

Applicant Name: _____ **Preferred Pronouns:** _____

Medical School: _____

Mailing Address: _____

Email: _____

Telephone: _____

Identify as URM (underrepresented in medicine) and would like to be offered opportunity to speak with a resident/faculty member from our Resident Diversity Council about their experiences during your rotation (completely optional). Please see the residency [website](#) (Diversity, Equity, Inclusion & Anti-racism section) for further information/definitions:

4th Year Medical Student ELECTIVE rotation

Please note that only students in good standing at AAMC or AOA accredited US or Canadian medical schools will be considered for clerkship positions. The clerkship academic year starts in July. This includes all clerkship rotations with starting dates between July 1 and January 31. This season is specifically reserved for 4th year students who plan to apply to our family medicine residency through the ERAS/NRMP and selected 3rd year medical students who have successfully completed their junior core clinical rotations in Internal Medicine, Surgery, Pediatrics, Ob-Gyn, and Psychiatry/Behavioral Science.

*****All pre-requisite rotations MUST have been completed in teaching hospitals*****

Current Academic Standing:

Mark One: MSIII _____ MSIV _____ Other (specify) _____

Anticipated Academic Standing for Dates of Clerkship:

Mark One: MSIII _____ MSIV _____ Other (specify) _____

Have you ever done a clerkship with our program in the past?

Mark One: Yes _____ No _____

If Yes, Dates/Clinical area: _____

Are you planning on pursuing Family Medicine Residency training?

Mark One: Yes _____ No _____

Do you plan to apply for post-graduate training in our Family Medicine Residency program?

Mark One: Yes _____ No _____ Undecided _____

Have you completed an application *to our Program* through the online ERAS application system?

Mark One: Yes _____ No _____ No (but plan to when application opens) _____

Academics:

Step 1 score _____ or COMLEX 1 score _____

Completed Core (MS III) Clinical Clerkships- (Provide the requested information for each of the listed core junior clerkships – in teaching hospitals -- that you have completed with a passing grade. For any not yet completed, give anticipated date of completion or explain extenuating circumstances):

Clerkship	Date of Completion	Name and Location of Facility or Institution	Rotation Grade
Internal Medicine			
Surgery			
Psych/Behav Med			
Pediatrics			
Ob-Gyn			

Have you ever failed a Step or COMLEX exam? Yes _____ No _____

Have you ever failed a rotation in medical school? Yes _____ No _____

Have you ever taken a leave of absence in medical school? Yes _____ No _____

If you answered 'Yes' to any of the above questions, please provide an explanation on a separate sheet.

Clerkship Preferences:

Clerkship Desired (rank the clerkship[s] for which you are applying in order of preference):

_____ Hospital Medicine/FM

_____ Emergency Medicine/FM

_____ Obstetrics/FM

Starting Date Desired- rank up to three choices for starting date of a four-week rotation, rotation start dates are on a Monday only, based on the following block schedule.

**Consideration for off cycle rotations will be considered on a case by case basis, please include a statement regarding the reason for your need of an off-cycle rotation if applicable.

**Note that the Emergency Medicine rotation is only through November.

**Note dates prior to July, will only be considered for those applicants that have already completed all of their core rotations, if applicable please list up to 3 preferred Spring dates

_____ 7/10-8/6/23

_____ 8/7-9/3/23

_____ 9/5-10/1/23

_____ 10/2-10/29/23

_____ 10/30-11/26/23 (Off 11/23-24 for Holiday, for ED rotation potential shift on 11/25)

_____ 11/27-12/23/23

_____ 1/2-1/28/24

_____ other (please include description of reason requiring off cycle rotation)

Statement of purpose:

On a separate page, please briefly state (limit to ½ page) why you are applying for a clerkship with our program.

IMPORTANT NOTES to consider prior to applying for our clerkship:

*-All students accepted to a CCRMC clerkship with a starting date from September 30 to January 31 **must have filed an application to our family medicine residency program through the online ERAS application system before beginning the clerkship.** Failure to do so will result in cancellation of the clerkship rotation.*

*-The student (school) is **responsible for malpractice/liability coverage**, this **MUST** be on file prior to start of clerkship*

***-Housing is not provided** for students rotating with us*

*-Students **must provide their own reliable transportation** for their clinical duties, which may be required to offsite location/clinics*

If accepted for a clerkship, you will be expected to provide immunizations records, evidence of malpractice insurance and a letter of good academic standing from your Dean. Please include the following in your application:

- completed application**
- unofficial medical school transcripts**
- CV**
- Personal Statement (max ½ page)**
- LOR from Clinical Instructor**

Return to:

Diana Lee

Clerkship Coordinator

Contra Costa Regional Medical Center

2500 Alhambra Avenue, (Degnan Medical Library-
West Wing) Rm 18, Martinez, California 94553

clerkships.fmr@cchealth.org

Telephone: (925) 370-5216

Fax: (925) 370-5052

Mission Statement

We train diverse, full-spectrum physician leaders who champion health equity in under-resourced communities.

Our Values:

demonstrate compassion
foster resourcefulness
embrace diversity
encourage innovation
educate comprehensively