

MEDICAL STUDENT CLERKSHIP APPLICATION

Thank you for your interest in medical student clerkships in coastal South Texas. We have several exciting rotations to compliment your education including Emergency Medicine, Family Medicine, Emergency Ultrasound, Wilderness Medicine, Surgery and Geriatrics. Each rotation is 4 weeks in length and is individually structured to maximize each student's learning experience.

An application for medical student externship is enclosed. Please note that we only consider complete applications that include the following:

- Complete application form including Clerkship Preference and Dates**
- Curriculum Vitae or Resume**
- Letter of recommendation and credentialing by the Dean of Medical Students/Student Affairs at your medical school to include a brief statement that you are a student in good standing**
- A statement of liability insurance coverage for externship rotations from your medical school**
- Immunization record**
- Personal statement describing your interest in CHRISTUS Spohn-Texas A&M medical student externships (one paragraph)**
- Medical School Transcript (unofficial is acceptable)**

Your application will be reviewed by the Director of Medical Student Education and rotation positions are offered based on limited availability. Once notified, we ask that you confirm this acceptance by telephone or email within ten (10) working days at (361) 861-1865 or lynn.carrasco@christushealth.org. If you require further information, please do not hesitate to call or email us.

Additional information about our medical student opportunities may be found on our websites:

Emergency Medicine: www.ccemrp.com

Family Medicine: <http://www.christusspohn.org/familyresidencyprogram>

We appreciate your interest and look forward to hearing from you.

Sincerely,

Lynn Carrasco
Research/ Student Coordinator



TEXAS A&M|CHRISTUS SPOHN MEDICAL STUDENT ROTATION APPLICATION

Lynn Carrasco
Medical Student Coordinator
600 Elizabeth Street
9B, Suite 9210
Corpus Christi, Texas 78404
Email: lynn.carrasco@christushealth.org
(361) 861-1865

Attach recent photograph here

INSTRUCTIONS: Please submit this form and all documents to the Medical Student Coordinator. Provide a copy to your Dean's Office to be submitted with a copy of the applicant's credentials, letter of recommendation, statement of liability insurance coverage, transcript (unofficial is acceptable) and immunization record.

NAME: _____

LAST FIRST MIDDLE

CURRENT ADDRESS (include City/State/Zip): _____

PHONE: _____ Cell Phone: _____ Email: _____

ADDRESS (City/State/Zip) (Permanent) _____ PHONE: _____

Date of Birth: _____ Birthplace _____ Gender: _____ Citizenship: _____

PREMEDICAL EDUCATION: School: _____

Degree(s): _____ Date of Graduation: _____

List any graduate educational experience: _____

MEDICAL EDUCATION: School: _____

Select one: 3rd year medical student 4th year medical student Other: Specify _____

Dean: _____ Address: _____

PHONE: _____ Email: _____

of **EM rotations** completed prior to this rotation _____

List all electives completed or currently taking in medical school (Include the location of any away rotations)

Anticipated Residency Medical Specialty: _____





Has your medical school education been interrupted at any time?

If your answer is yes, please explain. _____

Have you failed or had to repeat any class or portion of medical school? _____ If yes, please explain. _____

Have you ever failed any board examination during medical school? _____ If yes, please explain. _____

Please list all dates and numerical board scores for all completed examinations (USMLE/COMLEX):

Medical Student Externship Requested:

(If requesting more than one externship, indicate 1st and 2nd choice)

- Emergency Medicine
 - Emergency Bedside Ultrasound
 - Emergency Medicine-Wilderness Medicine
 - Family Medicine
 - Geriatrics
 - Trauma Critical Care
- DATES : NOT YET DETERMINED

ROTATION DATES REQUESTED:

First Choice: _____ Second Choice: _____

Please include any additional information you feel is relevant to your application (**do not** write your personal statement in this area): _____

SIGNATURE OF APPLICANT

DATE

How did you learn about CHRISTUS Spohn – Texas A&M medical student rotation opportunities?



Complimentary Housing Information for Medical Students:

Housing Coordinator: Belinda Flores
Phone : (361) 881-8133
Email: Floresb3@uthscsa.edu

Housing Location: Harbour Landing Apartments
8033 S. Padre Island Drive
Corpus Christi, TX 78412
(361)260-9160

1. **Make a reservation for housing as soon as possible after you have been notified of rotation acceptance.**
2. **Please call Belinda Flores two weeks in advance to find out which apartment you will be staying in. You must contact Belinda to coordinate your move in time.**
3. **Be sure to bring your own linens to include bedding for a twin size bed. Feel free to bring any personal equipment such as a T.V., computer, etc.**
4. **Occasionally, students will need to share rooms. We will do our best to keep you informed of your living arrangements in a timely manner. We cannot guarantee complimentary housing but we will be more likely to meet your needs if you contact us as early as possible, at least 2 weeks before your rotation begins.**
5. **NO PETS**
6. **NO OVERNIGHT GUESTS as a courtesy to other medical students**
7. **A \$100 cleaning fee is required**

From time to time it is necessary to visit the apartments and take inventory. If you have any questions or problems regarding your housing arrangements, please call Belinda Flores at phone at the number listed above.

We are very happy to have you rotate with us and hope you have a great experience during your Texas A&M/CHRISTUS Health Spohn-Corpus Christi medical student rotation.