

# Maine-Dartmouth Family Medicine Residency

15 East Chestnut Street

Augusta, ME 04330

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## Application for Medical Student Elective Rotation

Name:		Nickname:		Please Circle: male/female	
Home Address:					
Current Mailing Address:					
City:			State & Zip:		
E-Mail Address:					
Date of Birth:		Place of Birth:		SSN#	
Personal Insurance	Yes	No	Company:		
Malpractice Insurance:	Yes	No	Company:		
Emergency Contact:		Relationship:		Phone:	
<b>Education Information</b>					
High School:					
Premedical College:					
Location:		Degree:		Year Completed:	
Medical College:					
Location:		Degree:		Expected Date of Graduation:	
Honors/Activities:					
<b>Elective Information</b>					
Please apply minimum 6 months prior to request.					
<b>Please tell us what your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> date choices are:</b>					
1 <sup>st</sup> Choice:		2 <sup>nd</sup> Choice:		3 <sup>rd</sup> Choice:	

<b>Please circle or highlight rotation you desire:</b>			
<i>Ambulatory Track</i>	<i>Geriatric Track</i>	<i>Sub-Internship Track</i>	<i>Osteopathic Manipulative Track</i>
<b>The following basic core clerkships you will have successfully completed prior to the beginning of the elective rotation requested:</b>			
Family Medicine:	Weeks	Surgery:	Weeks
Pediatrics:	Weeks	Psychiatry:	Weeks
OB/GYN:	Weeks	Medicine:	Weeks
<b>What are your future career plans? (specialty, type of practice, and/or other professional goals)</b>			
<b>Why are you interested in rotating at MDFMR?</b>			
<b>What are your ties to Maine or the Northeast?</b>			
<b>If you are applying for an Osteopathic Manipulative Track, please give a history of your exposure to OMM?</b>			
<b>How did you hear about our program? (Please let us know if you have specifically spoken to our faculty/residents/students)</b>			
Do you plan to stay in the housing provided for students?			
Will you be accompanied by anyone during your clerkship? If yes, name:			
<i>Please note: Vehicle transportation is required given our rural location.</i>			
Signature of applicant:			Date:

Please return by email to [laurie.pelletier@mainegeneral.org](mailto:laurie.pelletier@mainegeneral.org) or fax to (207)626-1902 or mail to:  
MDFMR 15 East Chestnut St. Augusta, Maine 04330

Because of great interest in the MDFMR Medical Student Elective Program, we require a **completed application and all supporting documents** ( including a copy of your immunization records, transcript, and a letter from your school stating you are a current student in good standing and will be covered by malpractice insurance during your rotation) prior to reviewing applications and arranging specific rotation dates. Thank you for your interest in our program!