



Stanford
HEALTH CARE



O'CONNOR HOSPITAL
A COMMUNITY HOSPITAL

Stanford Health Care - O'Connor Hospital
Family Medicine Residency & Sports Medicine Fellowship Program

2024-2025 Application for Family Medicine Clerkship

Date of Application _____

Name _____

Address

Phone (Primary) Landline Cell _____

Phone (Secondary) Landline Cell _____

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Emergency Contact Name _____

Emergency Contact Phone Landline Cell _____

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Medical School _____

School Contact Name _____

School Contact Phone Landline _____

Anticipated Graduation Date _____

USMLE Board Scores
(List ALL scores received)

Step I ____ Step 2-CK ____ Part 2-CS ____ Step 3 ____

COMLEX Board Scores
(List ALL scores received)

Level 1 ____ Level 2-CE ____ Level 2-CS ____ Level 3 ____

Career Plans

Family Medicine

Primary Care/Internal Medicine

Primary Care/Pediatrics

Other: _____

Please explain your main reasons for wanting to do a clerkship at our program:

Please list all fourth year clerkships to be completed prior to the clerkship:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you anticipate applying to our residency program?

Yes

No

Period applying for:

First Choice:

Second Choice:

Third Choice:

Period 1 (01 Jul to 28 Jul 2024)*

Period 2 (29 Jul to 25 Aug 2024)*

Period 3 (26 Aug to 22 Sep 2024)*

Period 4 (23 Sep to 20 Oct 2024)*

Period 5 (21 Oct to 17 Nov 2024)*

Period 6 (18 Nov to 15 Dec 2024)*

**Are you currently attending a Medical School
under any type of visa?**

Yes

No

**Affix
Recent
Photo
Here**

Signature _____

Date _____

*** Please include a copy of your CV with your supplemental application.**