

MEDICAL STUDENT CLERKSHIP APPLICATION

Thank you for your interest in our medical student clerkships rotation located in Corpus Christi, Texas. We offer Family Medicine and Geriatrics rotations! Each rotation is 4 weeks in length and is individually structured to maximize each student's learning experience.

Please note that we only consider **complete** applications that include the following:

- Curriculum Vitae or Resume**
- Letter of recommendation 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**
- Proof of COVID vaccination**
- Personal statement describing your interest in CHRISTUS Spohn Family Medicine Residency Program Medical Student externships (one paragraph)**
- Medical School Transcript (unofficial is acceptable)**
- Recent photo**

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 e-mail within ten (10) business days at amanda.salas@christushealth.org. If you require further information, please do not hesitate to contact us.

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

Amanda Salas
 Medical Student Coordinator
 600 Elizabeth St.
 Corpus Christi, TX 78404
 Email: Amanda.Salas@christushealth.org
 (361) 902-0944



Family Medicine
Residency
Corpus Christi

CHRISTUS HEALTH/TEXAS A&M COLLEGE OF MEDICINE- SPOHN HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM MEDICAL STUDENT ROTATION APPLICATION

INSTRUCTIONS: Please submit this form and all documents to the medical student coordinator.

First Name: _____ Middle: _____ Last Name: _____

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

PERMANENT ADDRESS (City/State/Zip): _____

Cell Phone: _____ Email: _____

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

PREMEDICAL EDUCATION: School: _____

Degree(s): _____ Date of Graduation: _____

List any graduate educational experience: _____

MEDICAL EDUCATION: School: _____

Dean: _____ Medical School Address: _____

Phone: _____ Email: _____

of **FM rotations** completed prior to this rotation: _____

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

Has your medical school education been interrupted at any time? _____ If 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): _____



TEXAS A&M UNIVERSITY
College of Medicine



Family Medicine
Residency
Corpus Christi

Anticipated Residency Medical Specialty: _____

Medical Student Externship Requested:

- Family Medicine
- Geriatrics

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): _____

At the time of rotation, what year in medical school will you be in?

- 3rd year medical student
- 4th year medical student
- Other: please specify _____

SIGNATURE OF APPLICANT

DATE

How did you learn about CHRISTUS Health/Texas A&M College of Medicine- Spohn Hospital Family Medicine Residency Program medical student rotation opportunities?

Rvd6/7/22

Complimentary Housing Information for Medical Students:



TEXAS A&M UNIVERSITY
College of Medicine



Family Medicine
Residency
Corpus Christi

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. You will receive a housing confirmation form upon acceptance.**
2. **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.**
3. **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.**
4. **NO PETS**
5. **NO OVERNIGHT GUESTS as a courtesy to other medical students**
6. **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 medical student rotation.



TEXAS A&M UNIVERSITY
College of Medicine