



Family Medicine Clerkship Application

Please email completed application to: fbchmedicalstudents@health.mil

Last Name: _____

First Name: _____

Email Address: _____

Contact Phone: _____

Name of Medical School: _____

Year student will be at time of clerkship: MS-3 MS-4

Are you: USU HPSP Resident

On ADT orders: Yes No

Branch of Service: Army Air Force Navy

Rank: _____

What type of Clerkship: Sub-Internship Clinic Rotation

Dates of Clerkship: _____

Do you plan to interview during your rotation: Yes No

• If yes, please email your CV and personal statement along with this application

Additional Comments:

