



**FAMILY MEDICINE ROTATION APPLICATION (Please print)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate (optional) \_\_\_\_\_ Land Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Medical School \_\_\_\_\_

Medical School Address \_\_\_\_\_

Family Practice Department Yes \_\_\_\_\_ No \_\_\_\_\_

Chairman \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Clerkship Contact at Medical School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**TYPE OF CLERKSHIP DESIRED:**

Medical Year: M3 \_\_\_\_\_ M4 \_\_\_\_\_ Month/Date/Year of Clerkship \_\_\_\_\_

(It's helpful if you list a range of dates or specify a couple of different times that you can be here.)

Is this rotation: \_\_\_\_\_ a requirement or \_\_\_\_\_ an elective? Clerkships completed \_\_\_\_\_

Branch of medicine for career goal \_\_\_\_\_ Second choice \_\_\_\_\_

How did you hear of Floyd? \_\_\_\_\_

Do you consider Floyd a place where you might want to do a residency in family medicine?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Special interests/needs: \_\_\_\_\_

\* Attach a resume with a personal brief statement about "Why you would like to complete a Family Medicine Clerkship or Sub-Internship at Floyd in Rome."

\* Attach a copy of your transcript to date (can be unofficial copy) and/or your current GPA and any USMLE or COMLEX scores you have.

\* Upon acceptance, immunization records and an affiliation agreement with your school will be needed before training (if there is not one in place already). Please allow sufficient time for this. Note that when on a Sub I, any time off for away interviews must be approved by your school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **APPLICATION SUBMISSION**

The completed application should include your resume, personal statement of why you would like to rotate with us, copy of transcript, and any USMLE or COMLEX scores you may have. (These do not have to be official copies at this time, and you can simply include them in your personal statement.)

Make a copy of your application for your records.

Send the completed application -- by email or US mail to:

J. LeBron McBride, PhD, MPH  
Clerkship Director, Floyd Family Practice Residency Program  
[lmcbride@floyd.org](mailto:lmcbride@floyd.org)  
304 Shorter Ave., Suite 201  
Rome, GA 30165  
Phone 706.509.3343, Fax 706.292.7710