



For Office Use Only:

Date Received: _____
Initials: _____

**CONTRA COSTA FAMILY**  
**MEDICAL RESIDENCY**  
**PROGRAM**  
**APPLICATION FOR CLINICAL CLERKSHIP**

**Applicant Name:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_

**Medical School:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Identify as URM (underrepresented in medicine) and would like to be offered opportunity to speak with a resident/faculty member from our Resident Diversity Council about their experiences during your rotation (completely optional). Please see the residency [website](#) (Diversity, Equity, Inclusion & Anti-racism section) for further information/definitions:**

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**4<sup>th</sup> Year Medical Student ELECTIVE rotation**

*Please note that only students in good standing at AAMC or AOA accredited US or Canadian medical schools will be considered for clerkship positions. The clerkship academic year starts in July. This includes all clerkship rotations with starting dates between July 1 and January 31. This season is specifically reserved for 4<sup>th</sup> year students who plan to apply to our family medicine residency through the ERAS/NRMP and selected 3<sup>rd</sup> year medical students who have successfully completed their junior core clinical rotations in Internal Medicine, Surgery, Pediatrics, Ob-Gyn, and Psychiatry/Behavioral Science.*

**\*\*\*All pre-requisite rotations MUST have been completed in teaching hospitals\*\*\***

Current Academic Standing:

Mark One: MSIII\_\_\_\_ MSIV\_\_\_\_ Other (specify) \_\_\_\_\_

Anticipated Academic Standing for Dates of Clerkship:

Mark One: MSIII\_\_\_\_ MSIV\_\_\_\_ Other (specify) \_\_\_\_\_

Have you ever done a clerkship with our program in the past?

Mark One: Yes\_\_\_\_ No\_\_\_\_

If Yes, Dates/Clinical area: \_\_\_\_\_

Are you planning on pursuing Family Medicine Residency training?

Mark One: Yes\_\_\_\_ No\_\_\_\_

Do you plan to apply for post-graduate training in our Family Medicine Residency program?

Mark One: Yes\_\_\_\_ No\_\_\_\_ Undecided \_\_\_\_

Have you completed an application *to our Program* through the online ERAS application system?

Mark One: Yes\_\_\_\_ No\_\_\_\_ No (but plan to when application opens) \_\_\_\_

**Academics:**

Step 1 score \_\_\_\_\_ or COMLEX 1 score \_\_\_\_\_

**Completed Core (MS III) Clinical Clerkships-** (Provide the requested information for each of the listed core junior clerkships – in teaching hospitals -- that you have completed with a passing grade. For any not yet completed, give anticipated date of completion or explain extenuating circumstances):

<b>Clerkship</b>	<b>Date of Completion</b>	<b>Name and Location of Facility or Institution</b>	<b>Rotation Grade</b>
Internal Medicine			
Surgery			
Psych/Behav Med			
Pediatrics			
Ob-Gyn			

Have you ever failed a Step or COMLEX exam? Yes\_\_\_\_ No\_\_\_\_

Have you ever failed a rotation in medical school? Yes\_\_\_\_ No\_\_\_\_

Have you ever taken a leave of absence in medical school? Yes\_\_\_\_ No\_\_\_\_

*If you answered 'Yes' to any of the above questions, please provide an explanation on a separate sheet.*

**Clerkship Preferences:**

**Clerkship Desired (rank the clerkship[s] for which you are applying in order of preference):**

\_\_\_\_ Hospital Medicine/FM

\_\_\_\_ Emergency Medicine/FM

\_\_\_\_ Obstetrics/FM

**Starting Date Desired-** rank up to three choices for starting date of a four-week rotation, rotation start dates are on a Monday only, based on the following block schedule.

\*\*Consideration for off cycle rotations will be considered on a case by case basis, please include a statement regarding the reason for your need of an off-cycle rotation if applicable.

\*\*Note that the Emergency Medicine rotation is only through November.

\*\*Note dates prior to July, will only be considered for those applicants that have already completed all of their core rotations, if applicable please list up to 3 preferred Spring dates

\_\_\_\_ 7/11-8/7/22

\_\_\_\_ 8/8-9/5/22

\_\_\_\_ 9/5-10/2/22

\_\_\_\_ 10/3-10/30/22

\_\_\_\_ 10/31-11/27/22

\_\_\_\_ 11/28-12/25/22

\_\_\_\_ 1/2-1/29/23

\_\_\_\_\_ other (please include description of reason requiring off cycle rotation)

**Statement of purpose:**

On a separate page, please briefly state (limit to ½ page) why you are applying for a clerkship with our program.

***IMPORTANT NOTES to consider prior to applying for our clerkship:***

*-All students accepted to a CCRMC clerkship with a starting date from September 30 to January 31 must have filed an application to our family medicine residency program through the online ERAS application system before beginning the clerkship. Failure to do so will result in cancellation of the clerkship rotation.*

*-The student (school) is **responsible for malpractice/liability coverage**, this **MUST** be on file prior to start of clerkship*

*-**Housing is not provided** for students rotating with us*

*-Students **must provide their own reliable transportation** for their clinical duties, which may be required to offsite location/clinics*

If accepted for a clerkship, you will be expected to provide immunizations records, evidence of malpractice insurance and a letter of good academic standing from your Dean. Please include the following in your application:

- completed application**
- unofficial medical school transcripts**
- CV**
- Personal Statement (max ½ page)**
- LOR from Clinical Instructor**

**Return to:**

Patricia Harris-Spruell  
Clerkship Coordinator  
Contra Costa Regional Medical Center  
2500 Alhambra Avenue, 4A (Suite 4414A, Rm 101)  
Martinez, California 94553  
[clerkships.fmr@cchealth.org](mailto:clerkships.fmr@cchealth.org)  
Telephone: (925) 370-5045  
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**Mission Statement**

We train diverse, full-spectrum physician leaders who champion health equity in under-resourced communities.

**Our Values:**

demonstrate compassion  
foster resourcefulness  
embrace diversity  
encourage innovation  
educate comprehensively