

Application for Medical Student Rotation

Thank you for your interest in a clinical experience with the Abrazo, Family Medicine Residency Program. We enjoy having students rotate with us in our Family Medicine Residency Clinic (FMRC) and Hospital whilst providing the utmost care with our Outpatient & Inpatient services. Please be sure to read the descriptions of our rotations on the web site and let us know if you should have any questions about completing this application.

Requirements

Rotations are offered to students who meet the following criteria:

1. You are currently a medical student in good standing in an AOA or LCME accredited medical school (U.S. and Canada only) Sorry, we do not provide Sub internships to students from international medical schools.
2. The rotation is must have an agreement in place approved by your medical school and credited as a required or elective experience
3. Required formalities should be sent by your school coordinator and sent to the medical student coordinator.

Note: Clerkships are only offered to the following affiliated schools:

- Kirksville College of Osteopathic Medicine
- Midwestern College of Osteopathic Medicine
- University of Arizona College of Medicine

Sub internship Instructions

1. Please call us to confirm the rotation and dates you are interested in. We may be able to give you tentative dates over the phone!
2. Submit the application via email to:

Email: residency@abrazohealth.com
Attention: FM Medical Student Coordinator
3. Positions are filled on a first come, first served basis and based on interest in Family Medicine starting the first week of April.
4. Rotations are offered in four week blocks.
5. All applications will be reviewed by the Program Director for final approval
6. Approved applicants will be notified of their rotation block.

FORMALITIES

(Ask your school coordinator to send the following list below)

- Rotation Application
- Student profile picture
- A letter confirming that you are a student in good standing and that the rotation is approved for required or elective credit
- Medical liability insurance
- All immunizations and titers expected of a health care worker
- Universal Precautions Certificate
- HIPPA Privacy Certificate
- Final Evaluation form or Institution evaluation link

Contact Information

Abrazo Family Medicine Residency Program
2000 West Bethany Home Road, Phoenix, AZ 85015
Phone: (602) 246-5521 Fax: (602) 433-6641
E-mail: residency@abrazohealth.com

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Clerkships

Family Medicine Residency Clinic, Monday–Friday, 8:00am – 5:30pm for affiliated (3rd years) only.

Approved rotation date : _____

Sub Internship

Inpatient adult medicine, including ICU/CCU, telemetry. 6:00am – 6:00pm. One weekend day per week. Includes night float for two weeks, if more than one sub-intern is rotating. It is optional if you are the only one.

1st Choice: _____

Rotation Date Preference?

2nd Choice: _____

Comments/Requests: _____

Student Information

School: _____

Student Name: _____

Student School Email: _____

Cell Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Mailing Address: _____

City, State, Zip: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Please write a brief synopsis of why you want to do a rotation with the Family Medicine Residency?