



**NH DARTMOUTH
FAMILY MEDICINE RESIDENCY
AT CONCORD HOSPITAL**

250 Pleasant St
Concord, NH 03301
603-227-7000 ext. 84737

4th Year Medical Student Elective Rotation Application

Part 1: To be completed by Student – All items in part 1 and part 2 must be completed and submitted at time of application. Incomplete applications will not be considered until all information and documentation is complete.

Name: _____ **Date:** _____

Medical School: _____ **Dates of Training:** _____

Current Mailing address: _____

Email: _____ **Cell phone #:** _____

USMLE: Step 1: Pass or Fail USMLE Step 2: Score: _____

COMLEX: Step 1: Pass or Fail COMLEX Step 2: Score: _____

____ Have not taken Step 2 and/or have not yet received scores

Please indicate preference of Inpatient Sub-I elective or Family Medicine out-patient elective and dates:

____ Outpatient FM Elective ____ Inpatient Sub-Internship ____ Either

Preferred dates: _____

Please answer the following questions:

1. Why are you interested in Family Medicine?

2. Why are you interested in a doing a rotation at NH Dartmouth Family Medicine Residency?

3. Have there been any interruptions/remediation with your medical school training? If so, why?

Please include the following documentation with your application:

- Medical School transcript
- CV

I, _____ agree to abide by all Concord Hospital policies including policies related to the confidentiality of patients' records.

Signature: _____

Date: _____

Part 2: To be completed by Medical School – Please attest to the following information:

1. The student named above is in good standing at this institution. **Yes/No**
2. The student will be covered by professional liability insurance in the amount of 1-3 million during this rotation. **Yes/No**
3. The student has personal health insurance. **Yes/No**
4. Student has had a background check within the last calendar year. **Yes/No**
5. The student's immunizations are up to date. **Yes/No**

Signature

Name

Address

Title

Telephone

Date

Part 3: To be submitted by Student or School AFTER being accepted into the elective rotation.

1. Immunization records: both COVID and yearly Flu vaccination required
2. National background check
3. Copy of professional liability insurance
4. Copy of personal health insurance

Once application is complete, please email to Harriet Ousterhout at housterhout@crhc.org. We will respond back to you within 3-4 weeks.