INTERNAL MEDICINE RESIDENCY SPOKANE - SUBINTERNSHIP APPLICATION

Teri Yaeger, Internal Medicine Program Coordinator
101 W. 8th Avenue
Spokane, WA 99204
509-474-3237 (phone) 509-474-5316 (fax)
teri.yaeger@providence.org

Use Standard Dates listed on Page 2

Preferred Dates: _____to_____
Alternate Dates: _____to_____
Alternate Dates: _____to_____
Alternate Dates: _____to_____

Program Choice: (check box below)

☐ Internal Medicine ☐ ICU

NAME_____

MAILING ADDRESS:

_____

CONTACT PHONE: _____ **EMAIL:** _____

Medical school: _____

Medical School mailing address:_____

_____

Matriculation date: _____ **USMLE 1 score**_____

Expected graduation date: _____ **USMLE 2 score (if taken):**_____

Future specialty interest: _____

PLEASE INCLUDE:
· **COMPLETED STUDENT APPLICATION PACKET** (Required for non-affiliated students only)
· **A SHORT STATEMENT ADDRESSING THE FOLLOWING INFORMATION:** a) Where were you raised? b) How did you hear about our program? c) Do you have family/friends in this region of the country?
· **TWO LETTERS OF RECOMMENDATION**:

Names of letter writers: 1._____ 2._____

Date: _____ Applicant Signature: _____

Application should be returned to Teri Yaeger by fax, email or regular mail; contact information is found at the top of the application. Letter writers should send their LORS directly to Teri Yaeger.

Application Deadline is February 15, 2018