

Elective Dates for 2024-2025

PROVIDENCE FAMILY MEDICINE RESIDENCY SPOKANE
CLERKSHIP ELECTIVE DATES FOR 2024-2025

ELECTIVES
(Fourth Year Clerkships)

SUMMER 2024: June 22– Sept. 13, 2024
July 22 – August 16, 2024
August 19–September 13, 2024

AUTUMN 2024: Sept. 16– Dec 6, 2024
September 16 – October 11, 2024
October 14 - November 8, 2024
November 11 – December 6, 2024

WINTER 2024: Jan. 6 - March 28, 2024
January 6 – January 31, 2025
February 3 – February 28, 2025
March 3 – March 28, 2025

SPRING 2024: March 31 – April 27, 2025
March 31 – April 27, 2025

Elective Dates for 2025-2026

PROVIDENCE FAMILY MEDICINE RESIDENCY SPOKANE
CLERKSHIP ELECTIVE DATES FOR 2025-2026

ELECTIVES

(Fourth Year Clerkships)

SUMMER 2025: June 22– Sept. 14, 2024
July 21 – August 17, 2025
August 18–September 14, 2025

AUTUMN 2025: Sept. 15– Dec 7, 2025
September 15 – October 12, 2025
October 13 - November 9, 2025
November 10 – December 7, 2025

WINTER 2026: Jan. 5 - Mar 29, 2026
January 5 – February 1, 2026
February 2 – March 1, 2026
March 2 – March 29, 2026

SPRING 2026: March 30 – June 28, 2026
March 30 – April 26, 2026
April 27- May 24, 2026
May 25-June 28, 2026

Elective Dates for 2026-2027

PROVIDENCE FAMILY MEDICINE RESIDENCY SPOKANE
CLERKSHIP ELECTIVE DATES FOR 2026-2027

ELECTIVES
(Fourth Year Clerkships)

SUMMER 2026: June 29– Sept. 20, 2024
July 27 – August 23, 2026
August 24–September 20, 2026

AUTUMN 2026: Sept. 21– Dec 13, 2026
September 21 – October 18, 2026
October 19 - November 15, 2026
November 16 – December 13, 2026

WINTER 2027: Dec. 14 - Mar 7, 2027
December 14 – January 10, 2027
January 11 – February 7, 2027
February 8 – March 7, 2027

SPRING 2027: March 8 – June 27, 2027
March 8 – April 4, 2027
April 5- May 2, 2027
May 3- May 30, 2027
May 31- June 27, 2027

Providence Family Medicine Residency Spokane

Sub- I Application

Shalea Mosley, Administrative Assistant
Family Medicine Residency – Spokane
509-626-9948
Shalea.mosley@providence.org

Application for Clerkship (Senior Elective)

Preferred dates: _____ to _____

Alternative dates: _____ to _____

Alternative dates: _____ to _____

Name: _____

Mailing Address:

Contact Phone: _____ Email: _____

Medical School: _____

Matriculation date: _____ USMLE/COMLEX 1 P/F: _____

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

PLEASE INCLUDE:

- COMPLETED STUDENT APPLICATION PACKET (Required for students from on affiliated schools only)
- Board Transcripts
- Medical School transcripts
- CV
- A SHORT STATEMENT ADDRESSING THE FOLLOWING: a) Why you would like to do a sub internship in Spokane? b) How did you hear about our program? c) What are your specific goals for rotating here in Spokane?

Applicant Signature: _____ Date: _____

Completed application, including LORS, should be submitted directly from your school administrator/ registrar's office to Shalea Mosley by email: Shalea.mosley@providence.org

We accept sub internship applications February 15th – April 15th for the upcoming academic year. Clerkship status (Approval/denial) and notification to students/ school will be made by April 30th.

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