

Providence Hospital and Medical Centers
Department of Obstetrics and Gynecology
Elective Fourth Year Application

Personal Information

Name _____

Medical School _____

Expected Graduation Date: _____

eMail Address _____ @ _____

Phone Number: () - Cell Home

Rotation Desired:

- Obstetrics and Gynecology Sub-Internship
- Maternal Fetal Medicine
- Gynecologic Oncology

Medical School Experience

How many basic science courses repeated (number): _____

Core Clinical Clerkship Hospital: _____

Location: _____

Number of cores that you received Honors: _____

USMLE Step I Score: _____

USMLE Step II Score (*if known*): _____

Career Plans (*OB/Gyn not mandatory, but given preference*)

I plan to apply for: OB/Gyn Other: _____

Essay (*Required*):

In 500 words or less (on back or attached) please tell us who you are.

Submission

When application is complete, please return to the OB/Gyn Department.

- eMail: ellen.kleiman@stjohn.org
- Address: listed above
- Fax: (248) 849-5398

Months

Requested:

- August 2016
- September 2016
- October 2016
- November 2016
- December 2016
- January 2017
- February 2017
- March 2017
- April 2017
- May 2017