

**LYNCHBURG FAMILY MEDICINE RESIDENCY
APPLICATION FOR 4th YEAR MEDICAL STUDENT CLERKSHIP**

Name: _____ Date: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City

State

Zip

Medical School: _____

Contact Person: _____

Phone: _____

Dates: First Choice _____

Second Choice _____

Housing Needed: YES NO

Will Have Car: YES NO

The following requirements must be submitted with this application:

- Letter from Medical School approving clerkship and attesting to applicant being a student in good standing
- Proof of liability insurance amount carried by medical school to cover student
- An up-to-date curriculum vitae (CV)
- Current USMLE or COMLEX scores
- Personal Interest Statement regarding this rotation

Please return completed application and required documentation to Tessa.Morrison@centrahealth.com

If you have any questions or need more information, please contact Tessa Morrison by email above or by phone at 434-200-6162.