(In affiliation with University of California, San Francisco School of Medicine)
3324 Chanate Road.
Santa Rosa, Ca 95404
(707) 576-4071 ~ FAX (707) 576-4087

We have a high demand for elective opportunities. We also desire to provide the best possible experience for our students. Please complete the following questionnaire to help us best meet those needs.
Please submit application at least twelve weeks before the start of desired rotation. Feel free to mail, email or fax it. A notice of application status will be sent to you ten weeks before start of rotation. Thank you.*
**Applications can be submitted sooner.*

NAME:_____
LAST FIRST

MEDICAL SCHOOL:_____

EXPECTED DATE OF GRADUATION:_____

ROTATION DATE:_____

**Please submit answers on a separate sheet of paper.*

1. Describe why you would like to do a rotation at SRFMR (150 words or less):

2. Are you able to commit to the full four week rotation time frame? If no, please provide details:

3. Would you like to participate in in-patient medicine?

4. Do you speak other languages than English? If so which ones:

5. Describe special skills, training, or experience that makes you unique (100 words or less):

6. List three occupations you might choose if you weren't in medicine:

7. List three of your favorite books: