

**Oregon Health Sciences University
Department of Family Medicine
Subinternship Information Form**

Name: _____

Address: _____

Telephone: _____ Birthdate: _____ Birthplace: _____

SSN: _____ E-mail address: _____

Education: High School – _____

College – _____

Medical School – _____ Start year _____

Did you extend Medical School? Y/ N Reason: _____

Did you pass the USMLE Part 1 on your first attempt? Y/ N

Please tell us about the following information if not already documented on your CV.

You may use additional pages if needed.

Activities/ Leadership positions/ Volunteer Service/ Travel/ Hobbies:

Foreign Languages: _____

Specialty Interest in Medicine (*list in order of priority of interest*):

1) _____

2) _____

3) _____

Please briefly describe your reasons for electing this rotation: _____

Describe your interest in the NW Region: _____

Are you applying to the Family Medicine OHSU Residency Program: _____