

## MEDICAL STUDENT CLERKSHIP APPLICATION

Thank you for your interest in our medical student clerkships rotation located in Corpus Christi, Texas. We offer Family Medicine and Geriatrics rotations! Each rotation is 4 weeks in length and is individually structured to maximize each student's learning experience.

Please note that we only consider **complete** applications that include the following:

- Curriculum Vitae or Resume**
- Letter of recommendation by the Dean of Medical Students/Student Affairs at your medical school to include a brief statement that you are a student in good standing**
- A statement of liability insurance coverage for externship rotations from your medical school**
- Immunization record**
- Proof of COVID vaccination**
- Personal statement describing your interest in CHRISTUS Spohn Family Medicine Residency Program Medical Student externships (one paragraph)**
- Medical School Transcript (unofficial is acceptable)**
- Recent photo**

Your application will be reviewed by the Director of Medical Student Education and rotation positions are offered based on limited availability. Once notified, we ask that you confirm this acceptance by e-mail within ten (10) business days at [valerie.cano2@christushealth.org](mailto:valerie.cano2@christushealth.org). If you require further information, please do not hesitate to contact us.

We appreciate your interest and look forward to hearing from you!

Valerie Cano  
Coordinator  
600 Elizabeth St.  
Corpus Christi, TX 78404  
Email: [valerie.cano2@christushealth.org](mailto:valerie.cano2@christushealth.org)  
(361) 902-6014

**CHRISTUS HEALTH/TEXAS A&M COLLEGE OF MEDICINE- SPOHN HOSPITAL  
FAMILY MEDICINE RESIDENCY PROGRAM  
MEDICAL STUDENT ROTATION APPLICATION**

**INSTRUCTIONS:** Please submit this form and all documents to the medical student coordinator.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

CURRENT ADDRESS (include City/State/Zip): \_\_\_\_\_

PERMANENT ADDRESS (City/State/Zip): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**PREMEDICAL EDUCATION:** School: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

List any graduate educational experience: \_\_\_\_\_

**MEDICAL EDUCATION:** School: \_\_\_\_\_

Dean: \_\_\_\_\_ Medical School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# of **FM rotations** completed prior to this rotation: \_\_\_\_\_

List all electives completed or currently taking in medical school (Include the location of any away rotations)

\_\_\_\_\_

Has your medical school education been interrupted at any time? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you failed or had to repeat any class or portion of medical school? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you ever failed any board examination during medical school? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_



Please list all dates and numerical board scores for all completed examinations

(USMLE/COMLEX): \_\_\_\_\_

Anticipated Residency Medical Specialty: \_\_\_\_\_

**Medical Student Externship Requested:**

- Family Medicine
- Geriatrics

**ROTATION DATES REQUESTED:**

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Please include any additional information you feel is relevant to your application (**do not** write your personal statement in this area): \_\_\_\_\_

\_\_\_\_\_

At the time of rotation, what year in medical school will you be in?

- 3<sup>rd</sup> year medical student
- 4<sup>th</sup> year medical student
- Other: please specify \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

How did you learn about CHRISTUS Health/Texas A&M College of Medicine- Spohn Hospital Family Medicine Residency Program medical student rotation opportunities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Complimentary Housing Information for Medical Students:

**Housing Coordinator:** Brittany Colunga  
Phone: (361) 881-8133  
Cell: (361) 318-4787  
Email: [brittanycolunga@gmail.com](mailto:brittanycolunga@gmail.com)

**Housing Location:** Harbour Landing Apartments  
8033 S. Padre Island Drive  
Corpus Christi, TX 78412  
(361) 264-1219

1. Make a reservation, via email, for housing as soon as you have been notified of rotation acceptance. You will receive a housing confirmation form upon acceptance.
2. Be sure to bring your own linens to include bedding for a twin-sized bed. Feel free to bring any personal electronics such as a T.V., computer, etc.
3. This is a **SHARED** living arrangement. We will keep you informed of your living arrangements in a timely manner. We cannot guarantee complimentary housing, but we will be more likely to meet your needs if you contact us as early as possible, at least 2 weeks before your rotation begins.
4. **NO PETS**
5. **NO OVERNIGHT GUESTS** as a courtesy to other medical students
6. A \$100 cleaning fee is required.

From time to time, it is necessary to visit the apartments and take inventory. If you have any questions or problems regarding your housing arrangements, please call Brittany Colunga at the phone number listed above.

We are very happy to have you rotate with us and hope you have a great experience during your medical student rotation.