



Family Medicine Department, Rural Medicine Curriculum Grant Project
 101 E. Alexandrine, 2nd Floor
 Detroit, MI 48201

Rural Medicine Externship Application

Personal Information:

Name _____
 Address, City, State, Zip _____
 Phone/Pager _____
 Email Address _____

Professional Information:

1. Are you an RMIG Member Yes No
2. How many years of medical school have you completed? 1 2 3 4
3. Which specialty areas are you most interested in? List up to three:

4. The scope of practice for a rural practitioner is very broad and not every physician offers the same services. Please describe in 500 words or less what your expectations are for this externship. What areas of rural medicine are you most interested in exploring? Please type your response to this question at the end of the application.

Externship Information:

1. Each externship opportunity is designated as a 4-week time period. Please list the dates you are interested in.
 Block #1 _____ Block #2 _____
2. If selected for an externship, will you have housing for the time period (s) chosen?
 Yes No, I will need assistance with this
3. If selected for an externship, will you have transportation to the site chosen?
 Yes No, I will need assistance with this
4. Is there a specific site or preceptor you are interested in? If yes, please list. _____
5. If you do not know of a preceptor that is willing to host you for the externship experience, please rank 5 preferred cities:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

Terms of Externship:

Please read the following statement and mark the boxes provided to indicate your understanding and acceptance of the terms and responsibilities of the externship.

The Rural Medicine Curriculum Grant Project is designed specifically for WSU-SOM students to increase their awareness of and exposure to rural-based practice in the medically underserved areas of Michigan. In order to evaluate the success of the project, it will be necessary to obtain and analyze feedback from the project's participants. If I am selected to participate in this project, I agree to the following terms:

- 1) I understand that I am a representative of the WSU-SOM and as such, I will conduct myself with the highest degree of professionalism at all times during the externship experience. Agree
- 2) Upon completion of the externship, I agree to meet with the primary investigator of the project to discuss my experiences and how this externship has influenced my interest in rural-based practice. Agree
- 3) Upon completion of the externship, I agree to meet with the members of the Rural Medicine Interest Group (RMIG) for an informal discussion about my Rural Medicine experiences. Agree

— Question 4 —

The scope of practice for a rural practitioner is very broad and not every physician offers the same services. Please describe in 500 words or less what your expectations are for this externship. What areas of rural medicine are you most interested in exploring? Please type your response to this question below:

Application must be submitted to the Family Medicine Office by 5:00pm, February 16, 2010.