



FAMILY MEDICINE RESIDENCY
OF IDAHO
NAMPA PROGRAM

MEDICAL STUDENT QUESTIONNAIRE

Date:	Full Name <i>(Please Print - first, middle initial, last name):</i>	
Cell Phone #:	E-mail:	
CURRENT Street Address:		
CURRENT City:	CURRENT State:	CURRENT Zip:
Hometown – City & State (where you consider yourself to be from):		
Medical School Name:	Undergraduate School Name:	
Expected Grad Date:	Degree Received:	
Language Proficiency(ies):	Are you interested in applying for residency here?	
How do you identify?	Dates interested in rotating at FMRI Nampa:	
Other:	First Choice: Second Choice: Third Choice: Comments:	
Clerkships Completed:		
Goals for this Rotation:		

Residency Plans:
Career Plans – Life Goals – Educational Interests:
Community Engagement Activities:
Is there anything else you would like to tell us about yourself?

****Please note: Transportation is needed for this rotation and no housing is provided.***

Thank you for taking the time to complete this questionnaire. Your response will help us to assure a good fit with our program. If you have any questions, please contact Kelsey Mosqueda, Residency Program Administrative Assistant.

Please return this Questionnaire, Unofficial Level/USMLE Step 1 or COMLEX scores & Medical School Transcripts to:

Family Medicine Residency of Idaho – Nampa
Attn: Kelsey Mosqueda, Administrative Assistant
Email: kelseymosqueda@fmidaho.org
Phone: 208-954-8734