MultiCare Tacoma Family Medicine

FELLOWSHIP IN RURAL FAMILY MEDICINE WITH OBSTETRICS

TACOMA, WASHINGTON

Name:_____DOB:_____ Date: _____

Home Address: _____Phone:_____

_____Fax:_____
(City) (State) (Zip Code)

Work Address: _____Phone:_____

_____Fax:_____
(City) (State) (Zip Code)

Email Address:_____

Location where you were raised: _____ Population_____
(Town/City) (State)

Location where your significant other was raised: [ ] NA

_____Population_____
(Town/City) (State)

Board Certification

[ ] ABFM Year certified_____ Year renewed_____

[ ] Other Year certified_____ Year renewed_____

[ ] Board eligible

List all active licenses

State	License number	Expiration date
DEA Certificate	Certificate number	Expiration date

Certifications held and expiration date

[ ] BLS_____ [ ] ACLS_____ [ ] ATLS_____ [ ] PALS_____

[ ] NRP_____ [ ] ALSO_____ [ ] Other_____ [ ] N/A

Medical Education

School of Graduation Degree Dates

Internship Type Dates

Residency Specialty Dates

Fellowship Specialty Dates

Professional Experience (if applicable)

Name/Type of Practice Dates

City State Zip Position

Name/Type of Practice Dates

City State Zip Position

Hospital Privileges

Name of Hospital	Street Address	City	State	Zip
Name of Hospital	Street Address	City	State	Zip

What year are you interested in applying for? _____

Please provide a copy of your

- **Medical School Diploma/Transcripts**
- **ABFM Board Certification** (not applicable if still in Family Medicine Residency)
- **Residency Certificate** (not applicable if still in Family Medicine Residency)

Please answer the following questions. ***This portion of the application is critical in the eyes of the Fellowship Faculty.*** Be as specific as you can in your answers.

1. **What are your specific reasons for applying to this fellowship program?**

2. **How do you anticipate using the 5-6 blocks of elective time (please be specific?)**

3. **Please describe your OB experience, including approximate numbers of vaginal delivers, C-Section as primary surgeon, and as 1st or 2nd assist.**

4. **In what specific areas are you hoping to achieve competency?**

5. a) **If you are just completing your residency, why are you not going directly into practice?**

   b) **If you are in practice, what is compelling you to leave your practice for year and spend it with us?**

6. **What are your past rural experiences? (Medical School experience, Residency experience, prior practice – describe where you grew up, etc.**

7. **After completing the fellowship, where do you anticipate practicing and what type of practice do you see yourself in? (please be as specific as possible).**

8. **Please describe past experiences teaching residents and/or medical students.**

Please enclose current curriculum vitae and provide us with Letters of Recommendation from Residency Program Director and two other references.

REFERENCES:

Name/Title	Institution	Address	Phone

_____ _____

Signature Date

Please submit materials to:

Jean Basaraba, Fellowship Coordinator
Jean.Basaraba@multicare.org