

## RIVERSIDE FAMILY MEDICINE RESIDENCY

Virginia Commonwealth University Family Medicine Residency Affiliate with the Edward Via Virginia College of Osteopathic Medicine 10510 Jefferson Avenue, Suite B \* Newport News, VA 23601-3102

## 2021-2022 FOURTH YEAR CLERKSHIP APPLICATION

(to include night shifts)

| FULL NAME (print)   |  |   | SS# XXX-XX-  |                                      |  |
|---|--|---|--|--------------------------------------|--|
| TODE IVILLE (plint)   | (LAST)                                 | (FIRST)                                       | 7777 777   | (Only last 4 digits are required)    |  |
| MEDICAL SCHOOL  | slots are strictly for students who ar | e considering interviewing with our           | r program  |                                      |  |
| PRESENT MAILING A   | DDRESS                                 |   |  |                                      |  |
| CELL PHONE:   | E                                      | E-MAIL ADDRESS:                               |  |                                      |  |
|   | •                                      |   |  | • ~ • ~ • ~                          |  |
| Pick three rotations and number them 1, 2, & 3 as to preference.                              | May 24-June18                          |   | October 11 – November 5  |                                      |  |
|   | June 21- July 16                       |   | November 8 – December 10   | )                                    |  |
|   | July 19-August 13                      |   | December 13- January 21, 2                                       | cember 13- January 21, 2022          |  |
|   | August 16 – Sept 10                    |   | January 24-February 18, 2022                                     |                                      |  |
|   | September 13 – Octol                   | per 8   |  |                                      |  |
| <ul> <li>DO YOU HAV</li> <li>Please submit</li> <li>Photo form</li> <li>IMPORTANT:</li> </ul> | or badge Or Nour medical school must   | ERVICE OBLIGATIONS  provide & maintain full p | ONS?  Letter of Good Standing rofessional liability coverage, or |                                      |  |
| 5.81.15 per occurrence and  | d annual aggregate limits no           | ot less than three (3) times                  |  | and protect itself and its students, |  |
| Malpractice in the Commonv  | July 1, 2021 to Jur                    |   | nce is \$2,500,000 with aggreg<br>nce is \$2,550,000 with aggreg |                                      |  |
| OFFICE USE ONLY: Documents Sent:  | Received                               | : Apartment agreement O                       | RIVHS Paperwork:   |                                      |  |
| ID#: N  | NetLearning: CBLs:                     | CARS:   | Interview Date:  | _                                    |  |