

MEDICAL STUDENT CLERKSHIP APPLICATION

Thank you for your interest in medical student clerkships in coastal South Texas. We offer exciting rotations to compliment your education in Emergency Medicine, Emergency Ultrasound, Trauma and Simulation Medicine. Each rotation is 4 weeks in length and structured to maximize each student's learning experience.

An application for medical student externship is attached. Please note that we only consider complete applications that include the following:

- Complete application form including Clerkship Preference and Dates and photo attached (photo can be added as a separate document)**
- Curriculum Vitae or Resume**
- Standard Letter of good standing by the Dean of Medical Students or Student Affairs at your medical school**
- A statement of liability insurance coverage for externship rotations from your medical school**
- Immunization record**
- COVID-19 vaccine record**
- Personal statement describing your interest in CHRISTUS Spohn-Texas A&M medical student rotations (one paragraph)**
- Medical School Transcript (unofficial is acceptable)**

The Director of Emergency Medical Student Education reviews each application. Rotation spots have limited availability. Once notified of acceptance, we ask that you confirm this acceptance by telephone at (361) 861-1865 or email apply2ccemrp@gmail.com within ten (10) working days of the offer. If you require further information, please do not hesitate to call or email us.

Our website offers additional information about our medical student opportunities.

Emergency Medicine: www.ccemrp.com

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

Sincerely,

Lynn Carrasco
Research/ Student Coordinator

**CHRISTUS HEALTH | TEXAS A&M-SPOHN EMERGENCY MEDICINE
MEDICAL STUDENT ROTATION APPLICATION**

Lynn Carrasco, Medical Student Coordinator
600 Elizabeth Street
Graduate Medical Education 9B, Suite 9210
Corpus Christi, Texas 78404
Email: apply2ccemrp.com
Phone: (361) 861-1865



INSTRUCTIONS: Please submit this form and all requested documents to the Medical Student Coordinator. Provide a copy to your Dean's Office to be submitted with a copy of the applicant's credentials, letter of recommendation, statement of liability insurance coverage, transcript (unofficial is acceptable) and immunization record.

NAME: _____

LAST FIRST MIDDLE

CURRENT ADDRESS (include City/State/Zip): _____

PHONE: _____ **Cell Phone:** _____ **Email:** _____

ADDRESS (City/State/Zip) (Permanent) _____ **PHONE:** _____

Date of Birth: _____ **Birthplace** _____ **Gender:** _____ **Citizenship:** _____

MEDICAL EDUCATION: School: _____

Select one: 3rd year medical student 4th year medical student Other: Specify _____

Dean: _____ **Address:** _____

PHONE: _____ **Email:** _____

of **EMERGENCY MEDICINE** rotations completed prior to this rotation _____

Anticipated Residency Medical Specialty: _____

Please list all dates(month/year) and numerical board scores for all completed examinations (USMLE/COMLEX):

Has your medical school education been interrupted at any time? YES NO

If your answer is yes, please explain. _____

Have you failed or had to repeat any class or portion of medical school? YES NO

If your answer is yes, please explain. _____

Have you ever failed any board examination during medical school? YES NO



If your answer is yes, please explain. _____

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

UNDER GRADUATE EDUCATION: School: _____

Degree(s): _____ Date of Graduation: _____

List any graduate educational experience: _____

Medical Student Rotation Requested:

(If requesting more than one rotation, indicate 1st and 2nd choice, or more)

- Emergency Medicine
- Emergency Bedside Ultrasound
- Simulation Medicine
- Trauma Critical Care

ROTATION DATES REQUESTED:

First Choice: _____ **Second Choice:** _____ **Third Choice:** _____

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

SIGNATURE OF APPLICANT _____ DATE: _____

How did you learn about CHRISTUS Spohn – Texas A&M medical student rotation opportunities?



Complimentary Housing Information for Medical Students:

Housing Coordinator: Bonifacio Vega
Phone: (361) 881-8133
Email: vegab@uthscsa.edu

Housing Location: Harbour Landing Apartments
8033 S. Padre Island Drive
Corpus Christi, TX 78412
Phone: (361) 260-9160

1. **Make a reservation for housing as soon as possible after you have been notified of rotation acceptance.**
2. **Please contact the housing coordinator two weeks in advance to find out which apartment you will be staying in. You must contact Mr. Vega to coordinate your move in time.**
3. **Be sure to bring your own linens, including bedding for a twin size bed. Feel free to bring any personal equipment such as a T.V., computer, etc.**
4. **During busy rotation blocks, students will need to share rooms. We will do our best to keep you informed of your living arrangements in a timely manner. We cannot guarantee availability of complimentary housing but we will be more likely to meet your needs if you contact us as early as possible, at least 4 weeks before your rotation begins.**
5. **NO PETS.**
6. **NO OVERNIGHT GUESTS as a courtesy to other medical students.**
7. **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 the housing coordinator at the number listed above.

We are very happy to have you rotate with us and hope you have a great experience during your CHRISTUS Health| Texas A&M-Spohn medical student rotation in Corpus Christi, Texas.