

### 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**
- ☐ **Curriculum Vitae or Resume**
- ☐ **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**
- ☐ **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 [lynn.carrasco@christushealth.org](mailto:lynn.carrasco@christushealth.org) 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](http://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: [lynn.carrasco@christushealth.org](mailto:lynn.carrasco@christushealth.org)  
Phone: (361) 861-1865

Attach recent photograph  
here

INSTRUCTIONS: Please submit this form and all 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: \_\_\_\_\_ CellPhone: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS (City/State/Zip) (Permanent) \_\_\_\_\_ PHONE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_

# of **EMERGENCY MEDICINE** rotations completed prior to this rotation \_\_\_\_\_

**Anticipated Residency Medical Specialty:** \_\_\_\_\_

Please list all dates 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)

---

---

---

UNDERGRADUATE EDUCATION: School: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

List any graduate educational experience: \_\_\_\_\_

MEDICAL EDUCATION: School: \_\_\_\_\_

Select one: ☐ 3<sup>rd</sup> year medical student ☐ 4<sup>th</sup> year medical student ☐ Other: Specify \_\_\_\_\_

Dean: \_\_\_\_\_ Address: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Student Rotation Requested:

(If requesting more than one rotation, indicate 1<sup>st</sup> and 2<sup>nd</sup> 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.