

## 4TH YEAR SUB-I APPLICATION

Please return completed application and C.V. to [erin.ackerley@johnmuirhealth.com](mailto:erin.ackerley@johnmuirhealth.com)

### PERSONAL INFORMATION

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>		
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
PHONE NUMBER:	<input type="text"/>		
EMAIL ADDRESS:	<input type="text"/>		

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### MEDICAL SCHOOL

MED SCHOOL NAME:	<input type="text"/>		
TYPE:	<input type="radio"/> ALLOPATHIC <input type="radio"/> OSTEOPATHIC		
ANTICIPATED DATE OF GRADUATION:	<input type="text"/>		
USMLE STEP 1 SCORE:	<input type="text"/>	COMLEX 1 SCORE:	<input type="text"/>

HAVE YOU EVER FAILED a USMLE or COMLEX? IF SO, PLEASE EXPLAIN:

### 3RD YEAR ROTATION (SUB-I) GRADES

FAMILY MEDICINE:	<input type="text"/>	PSYCHIATRY:	<input type="text"/>
PEDIATRICS:	<input type="text"/>	NEUROLOGY:	<input type="text"/>
INTERNAL MEDICINE:	<input type="text"/>	SURGERY:	<input type="text"/>
OB/GYN:	<input type="text"/>	EMERGENCY MEDICINE:	<input type="text"/>

Have you ever failed or had to repeat a course or rotation in medical school? If yes please explain:

Have you had any interruptions in your medical school education? If yes, please explain:

## ROTATION PREFERENCES

Applications will be reviewed and students selected during the week following the application deadline for each block. If you need to set your 4<sup>th</sup> year schedule sooner than the deadline for your Block preference, please let us know when you submit your application.

<b>BLOCK 1:</b> March 2-March 27, 2026	Application deadline: December 26, 2025
<b>BLOCK 2:</b> March 30-April 24, 2026	Application deadline: January 23, 2026
<b>BLOCK 3:</b> April 27-May 22, 2026	Application deadline: February 20, 2026
<b>BLOCK 4:</b> July 27-August 21, 2026	Application deadline: May 22, 2026
<b>BLOCK 5:</b> August 24-September 18, 2026	Application deadline: June 19, 2026
<b>BLOCK 6:</b> September 21-October 16, 2026	Application deadline: June 19, 2026
<b>BLOCK 7:</b> October 19-November 13, 2026	Application deadline: June 19, 2026
<b>BLOCK 8:</b> November 16-December 11, 2026	Application deadline: June 19, 2026
<b>BLOCK 9:</b> January 11-February 5, 2027	Application deadline: June 19, 2026

1st Choice:	<input type="text"/>
2nd Choice:	<input type="text"/>
3rd Choice:	<input type="text"/>

### Please select your rotation of preference:

- ☐ Team Based Care (Ambulatory)
- ☐ Inpatient Care
- ☐ I am open to either rotation

### Stipend

We are pleased to offer each Sub-I student an educational stipend to support their four-week rotation. Once you are accepted, additional scholarship opportunities will also be available to apply.

Describe your interest in Family Medicine (in 250 words or less):

Explain why you are interested in the John Muir Health Family Medicine Residency (in 250 words or less):

Are you planning to match in Family Medicine?

☐ Yes  
☐ No

Are you planning on applying to our program?

☐ Yes  
☐ No

Please tell us a little about yourself and your proudest accomplishment of your academic or medical career thus far (in 250 words or less):