

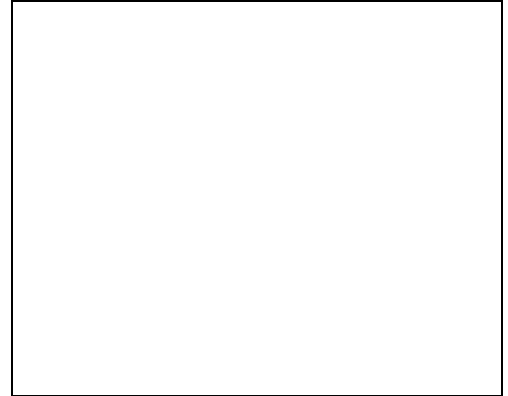
**SOUTHERN COLORADO FAMILY MEDICINE RESIDENCY
CLERKSHIP APPLICATION**

NAME: _____ **SS#:** Last 4 digits) _____ **D.O.B.:** ____ / ____ / ____

SEX: M F

PRESENT MAILING ADDRESS:

INSERT PHOTO HERE: if available



PHONE: (____) _____ - _____

EMAIL ADDRESS: _____

DATES REQUESTED: 1. _____

Alternate: 2. _____

ROTATION REQUESTED: 1. _____

Alternate: 2. _____

MEDICAL SCHOOL:

(Name of School) (City/State)

ANTICIPATED DATE OF GRADUATION: (month) _____ (day) _____ (year) _____

FUTURE PLANS: What specialty beyond this clerkship:

Date of Application

PLEASE EMAIL COMPLETED APPLICATION TO:

Nancy Hamilton-Gouty nancyhamilton@centura.org
Southern Colorado Family Medicine, Suite #1124
1008 Minnequa Avenue, Pueblo, CO 81004
Phone: (719) 557-5872