



Sollus Northwest
 Family Medicine Residency
 we are family

1000 Wallace Way
 Grandview, WA 98930
 PH: (509) 788-1702 FX: (509) 786-1022

Pre-rotation Assessment & Questionnaire

Thank you for considering Sollus Northwest Family Medicine Residency for a family medicine elective ("audition") rotation. Below are descriptions of various YVFWC sites and programs along with some logistic questions. Please answer the questions thoroughly and honestly, as this will guide me in reviewing your audition rotation application.

Do you intend to apply to Sollus NW FM Residency? YES NO

Email a current CV with your questionnaire
 Email a current copy of your COMLEX/USMLE Scores

Name: First/Middle/Last _____ DOB: _____

Other Name: (maiden or alias) _____ Social Security #: _____

Have you been convicted of a felony or misdemeanor within the last 7 years? No ___ Yes___
 If yes, please explain:

Permanent Address: _____

Email: _____ Phone: _____

Undergraduate School: _____

Medical School: _____

Clerkship/ Rotation Coordinator of School:

Contact name: _____ Phone: _____

Email information: _____

We offer two-week rotations from September to December. Please check two options that work best for your schedule.

9/2/19-9/13/19
9/16/19-9/27/19
9/30/19-10/11/19
10/14/19-10/25/19
11/4/19-11/15/19
11/25/19-12/6/19
12/9/19-12/20/19

Please check your top 2 medical clinic site tours:

Children's Village (Yakima)
Grandview (will tour on 1 st day)
Lincoln Ave (Yakima OB)
Pasco
Hermiston
Mountainview (Grandview OB)
Toppenish
Walla Walla
Wapato
Prosser (will tour while with Faculty)
Yakima

1) Please list your top 3 personal/professional goals for residency.

1. _____
2. _____
3. _____

2) List specific strategies you are taking to accomplish these goals:

1. _____
2. _____
3. _____

3) Why have you chosen to apply to Sollus NW FM Residency?

If chosen for an audition rotation, the following needs to be uploaded into ERAS three weeks prior to your arrival:

Minimum required before rotation:	Required by December 31, 2019:
<ul style="list-style-type: none"> • ERAS Application • Personal Statement • COMLEX-USA Level 1(DO) • USMLE Step 1 Score(MD) • Transcript • Letters of Recommendation: 2 • CV 	<ul style="list-style-type: none"> • MSPE/Dean's Letter • Personal Statement • COMLEX-USA Level 1(DO) • USMLE Step 1 Score(MD) • COMLEX-USA Level 2 CE & PE(DO) • USMLE Step 2 CK & CS Scores(MD) • Transcript • Letters of Recommendation: 2 • ERAS Application • CV

I grant permission to YVFWC to verify and obtain information on my employment, school records and license/certification. I hereby release my employers, schools, personal references, and any agencies contacted from any and all liability of damages for providing the information requested. Further, I certify that the above information is true and correct to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for termination or rejection by YVFWC. Placement is contingent upon a satisfactory Criminal History Report and satisfactory references. I understand that this application does not create a contract of employment. Voluntary placement at YVFWC is at-will and can be terminated at any time at the option of either the agency or myself.

Signature: _____

Date: _____

Thank you for taking the time in completing the Pre-rotation Assessment & Questionnaire. Please return to my office via email: ResidentApplications@yvfwc.org or fax: (509) 786-1022.

Sunshine Gomez , Medical Residency Manager
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