



# Sollus Northwest

## Family Medicine Residency

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.

	9/3/18-9/16/18
	9/17/18-9/30/18
	10/1/18-10/14/18
	10/15/18-10/28/18
	11/5/18-11/18/18
	12/3/18-12/16/18
	12/17/18-12/30/18

Please check your top 2 medical clinic site tours:

	Children's Village (Yakima)
	Grandview (will tour on 1 <sup>st</sup> 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 this rotation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2) List specific strategies you suggest for accomplishing these goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

3) Why have you chosen Sollus NW FM Residency for an audition rotation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Minimum required before rotation:	Required by December 31, 2018:
<ul style="list-style-type: none"> <li>• Personal Statement</li> <li>• COMLEX-USA Level 1(DO)</li> <li>• USMLE Step 1 Score(MD)</li> <li>• Transcript</li> <li>• Letters of Recommendation: 2</li> <li>• ERAS Application</li> <li>• CV</li> </ul>	<ul style="list-style-type: none"> <li>• MSPE/Dean's Letter</li> <li>• Personal Statement</li> <li>• COMLEX-USA Level 1(DO)</li> <li>• USMLE Step 1 Score(MD)</li> <li>• COMLEX-USA Level 2 CE &amp; PE(DO)</li> <li>• USMLE Step 2 CK &amp; CS Scores(MD)</li> <li>• Transcript</li> <li>• Letters of Recommendation: 2</li> <li>• ERAS Application</li> <li>• CV</li> </ul>

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 or fax.

Sunshine Gomez , Medical Residency Manager  
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