



TEXAS A&M UNIVERSITY
School of Medicine



CHRISTUS HEALTH/TEXAS A&M UNIVERSITY SCHOOL
OF MEDICINE EMERGENCY MEDICINE
RESIDENCY PROGRAM

MEDICAL STUDENT CLERKSHIP APPLICATION FORM

Thank you for your interest in medical student clerkships in coastal South Texas. We offer exciting rotations in Emergency Medicine, Emergency Ultrasound, Medical Critical Care for the EM-Bound Student, and Wilderness Medicine. Each rotation is 4 weeks in length and structured to maximize each student's learning experience.

An application for medical student clerkships is attached. Please note that we only consider complete applications that include the following:

- Complete application form including Rotation Preference and Dates Requested
- Photo (as part of application or attached as a separate document)
- Curriculum Vitae or Resume
- Standard letter of good standing by the Dean of Medical Students or Student Affairs at your medical school
- A statement of liability insurance coverage for clerkship rotations from your medical school
- Immunization record, including COVID-19 vaccine record
- Personal statement describing your interest in CHRISTUS Health/Texas A&M medical student rotations (one paragraph)
- Medical school transcript (unofficial is acceptable)

The Clerkship Director reviews each application. Clerkship spots have limited availability. Once notified of acceptance, we ask that you confirm this acceptance by telephone at (361) 861-1865 or email apply2ccemrp@gmail.com 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 student opportunities: www.ccemrp.com

We appreciate your interest and look forward to hearing from you.

Sincerely,

Lynn Newman, Student Coordinator



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Lynn Newman, Medical Student Coordinator
600 Elizabeth Street
Graduate Medical Education 9B, Suite 9210
Corpus Christi, TX 78404
Office Phone: (361) 861-1865
Email: apply2ccemrp@gmail.com



INSTRUCTIONS: Please submit this form and all requested 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 good standing, statement of liability insurance coverage, transcript, and immunization record.

Name (Last, First, Middle): _____

Current Address (incl City, State, Zip): _____

Phone: _____ Email: _____

Permanent Address (incl City, State, Zip): _____

Date of Birth: _____ Birthplace: _____ Gender: _____ Citizenship: _____

MEDICAL EDUCATION: School: _____

Select one: 3rd year medical student 4th year medical student Other: Specify _____

Dean: _____ Address: _____

Phone: _____ Email: _____

Number of Emergency Medicine rotations that you will have completed prior to this rotation: _____

Anticipated Residency Specialty: _____



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Please list all dates (month/year) and numerical scores for all completed board examinations (USMLE/COMLEX):

Has your medical school education been interrupted at any time? YES NO

If yes, please explain: _____

Have you failed or had to repeat any class or portion of medical school? YES NO

If yes, please explain: _____

Have you failed or had to repeat any board examination during medical school? YES NO

If yes, please explain: _____

List all electives completed or currently taking in medical school (including location of any away rotations):

UNDERGRADUATE EDUCATION: School: _____

Degree(s): _____ Date of Graduation: _____

List any graduate educational experience: _____



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APPLICATION FORM**

Medical Student Clerkship Requested:

(If requesting more than one rotation, indicate 1st choice, 2nd choice etc)

- Emergency Medicine
- Emergency Ultrasound
- Medical Critical Care for the EM-Bound Student
- Wilderness Medicine (only offered certain dates)

Clerkship 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 here):

SIGNATURE OF APPLICANT: _____ DATE: _____

How did you learn about CHRISTUS Spohn/Texas A&M medical student clerkship opportunities?



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Complimentary Housing Information for Medical Students:

Housing Coordinator:

Brittany Colunga

Office Phone: (361) 881-8133

Cell Phone: (361) 318-4787

Email: brittanycolunga@gmail.com

Housing Location:

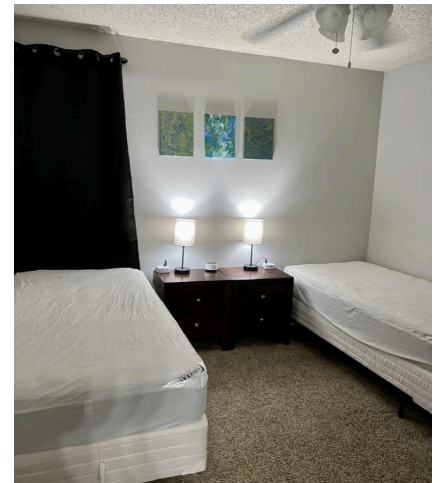
Harbour Landing Apartments

8033 S. Padre Island Drive

Corpus Christi, TX 78412

Phone: (361) 260-9160

~ 15 minute drive to Shoreline Hospital



Instructions:

1. Make a reservation (email Brittany) for housing as soon as possible after you have confirmed rotation acceptance. You will receive a housing confirmation form upon acceptance.
2. Be sure to bring your own linens, including bedding for a twin-size. Feel free to bring personal equipment such as TV, computer, etc.
3. During busy rotation blocks, students will **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 be able to meet your needs if you contact us as early as possible.
4. NO pets. NO overnight guests. Be courteous to other students.
5. A \$100 cleaning fee is required.

From time to time, it is necessary for us to visit the apartments and take inventory. If you have any questions or problems regarding the 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 time in Corpus Christi.