

## 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<br><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 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

**BLOCK 1:** March 3-March 28, 2025

**BLOCK 2:** March 31-April 25, 2025

**BLOCK 3:** April 28-May 23, 2025

**BLOCK 4:** July 28-August 22, 2025

**BLOCK 5:** August 25-September 19 2025

**BLOCK 6:** September 22-October 17, 2025

**BLOCK 7:** October 20-November 14, 2025

**BLOCK 8:** November 17-December 12, 2025

**BLOCK 9:** January 12-February 6, 2026

**1st Choice:**

**2nd Choice:**

**3rd Choice:**

**Please select your rotation of preference:**

☐ Team Based Care (Ambulatory)

☐ Inpatient Care

☐ I am open to either rotation

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):

## **Educational Stipend**

We are pleased to be able to offer each Sub-Intern a stipend of \$3,000 for their four-week rotation.

## **Additional Scholarship Opportunities**

If selected to complete a rotation with John Muir Health, the following scholarships are also available, each offering up to an additional \$2000:

### **1. Quality Improvement and Academic Medicine Scholarship\*:**

At John Muir Health FMRP, we encourage our residents to innovate and pursue their clinical passions. This scholarship is intended to support medical students who wish to research a clinical area of interest while rotating with us. To apply for this scholarship, please submit a brief one-to-two-page quality improvement or clinical research project proposal (see attached template). After your submission, your proposal will be reviewed by faculty, and upon receipt of the scholarship, you will be matched with a faculty mentor with similar subject interests.

### **2. Mulvaney Community Health Scholarship\*:**

Please submit a concise, one-to-two-page, community medicine project proposal (see attached template) that you will complete and present at the end of your sub-internship. It is not required to work with our residency community partners, but you can click [HERE](#) to learn about where our residents go to during their Vulnerable Population Health rotations. After your submission, your proposal will be reviewed by our faculty leads in vulnerable population health and our community health partners (JMH is a nonprofit system).

*\*Project-oriented scholarships: In cases where a similar project has been recently conducted, we may ask to work with you to develop an alternate project proposal.*

**3. URiM Scholarship:** To be considered for one of our Under-Represented in Medicine (URiM) Scholarships you must self-identify as being part of one of the following underrepresented groups in medicine: racial or ethnic minority, LGBTQ+, disability, low socioeconomic status, or first-generation to college. Please write a 1-page essay that describes your experiences in community medicine and health equity, how they relate to your long term-career goals, and how you plan to use your experience to improve the health of your patients and community.

## **Project Proposal Template:**

Please remember these projects are meant to be completed within your 4wk rotation with us. We might ask to have a phone meeting ahead of your rotation to review your project proposal and discuss possible adjustments if narrowing of the topic or goals is needed. We will reach out to you to set this up if that is the case. You will have an assigned faculty project mentor who you can meet with during the rotation to help guide your project and trouble-shoot any challenges or coordinate logistics along the way.

### **Executive Summary**

[Include: problem to solve, solution to the problem, impact of the project]

### **Project Background**

[Include: what problem is being addressed, what is already known about the problem, who/what has addressed the problem, why were previous attempts limited in success]

### **Proposed Solution**

[Include: vision statement (consider this your main objective/the impact your project will have), project schedule with milestones, team roles and responsibilities, project deliverables, reporting tools]

### **Deliverables and Goals**

[Include: end product/objective, SMART goals aligning with objective(s)]

### **Required Resources**

[Include: project budget with cost breakdown, resource allocation plan]

### **Conclusion**

[Include: emphasize impact while summarizing project]

For more information, this template was adapted from this resource, which covers project proposals in more detail: <https://asana.com/resources/project-proposal>

### **Examples of past sub-I project titles:**

- Improving language equity knowledge and resources in a primary care setting
- “Mindful Bites Workshop”: A Nutrition Education and Cooking Class
- Increasing PGY-1 Comfort Levels with CCS
- Empowering Health Through Food: A Patient-Centered Nutrition Education Initiative
- Analyzing patient outcomes and residency training opportunities from the first year of the Family Planning Clinic at John Muir to improve current workflow and residency training