

Forrest General Hospital Family Medicine Acting Internship Application

1. Name:

2. Hometown:

3. Medical School:

4. Specialty Interest:

Desired Month/Dates for Acting Internship:

5. GPA: _____

Class Rank (if known): _____

Some schools may use class rank in lieu of GPA.

6. COMLEX/USMLE 1:

1st Attempt: _____

2nd Attempt (if applicable): _____

3rd Attempt (if applicable): _____

7. COMLEX/USMLE 2:

1st Attempt: _____

2nd Attempt (if applicable): _____

3rd Attempt (if applicable): _____

8. Have you ever had any absences from medical school? If yes, please explain.

9. What interests you most about our program?
