



Sollus Northwest
 Family Medicine Residency
 we are family

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

Audition Rotation Application

Thank you for considering Sollus Northwest Family Medicine Residency for an elective audition rotation. Please email your application along with the following documents to ResidentApplications@yvwfmc.org:

- Audition Rotation Application
- Current transcript of your COMLEX/USMLE scores (If you have taken them)
- Current Curriculum Vitae (CV)

Do you intend to apply to Sollus NW FM Residency? Yes No

Name (First/Middle/Last): _____

Date of Birth: _____ Social Security #: _____

Have you been convicted of a felony or misdemeanor within the last seven (7) years?

Yes No

If yes, please explain:

Permanent Address: _____
Address City State Zip Code

Email Address: _____ Phone: _____

Undergraduate School: _____ Year Graduated: _____

Medical School: _____ Graduation Date: _____

Clerkship/Rotation Coordinator of School:

Contact Name: _____ Phone: _____

Email Information: _____

Sollus NW FM Residency offers two-week audition rotations from October through February. Please rank the below options in order of preference (i.e., 1 = first preference, 5 = last preference)

| Ranking | Audition Rotation Dates |
|---------|-------------------------|
| | 10/04/2020 – 10/15/2021 |
| | 11/08/2021 – 11/19/2020 |
| | 12/06/2021 – 12/17/2021 |
| | 01/10/2022 – 01/21/2022 |
| | 02/07/2022 – 02/18/2022 |

How did you hear about our program and why have you chosen to apply to Sollus NW FM Residency?

If chosen for an audition rotation, the following will need to be uploaded into ERAS no later than four weeks prior to your arrival:

| Minimum Required Before Rotation: |
|--|
| <ul style="list-style-type: none">▪ Electronic Residency Application Service (ERAS) Application https://students-residents.aamc.org/applying-residency/applying-residencies-eras/▪ Personal Statement▪ COMLEX-USA Level 1 (DO)▪ USMLE Step 1 Score (MD)▪ Transcript▪ Letters of Recommendation: Two▪ Curriculum Vitae (CV) |

I grant permission to Yakima Valley Farm Workers Clinic (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 YVCWC. 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 Audition Rotation Application. Please return via email to: ResidentApplications@yvfwc.org

Billie McGarrah, BSHA, MHI
Medical Residency Manager
Clinic: 1000 Wallace Way / Grandview, WA 98930
Administration: 820 Memorial Street, Suite 1 / Prosser, WA 99350
Tel: (509) 788-1702 Fax: (509) 786-1022
BillieM@yvfwc.org
www.sollusnw.org