

*University of Massachusetts
Medical School*

*Family Medicine and
Community Health*

*Fitchburg Family Medicine Residency
275 Nichols Road
Fitchburg, MA 01420
Tel: 978-878-8374
Fax: 978- 343-5687*

4th Year Elective Info Questionnaire - Family Medicine Sub-Internship

Please complete the following information:

1. Name: _____
2. Mailing Address: _____
3. Telephone Number: _____
4. E-Mail Address: _____
5. Medical School: _____
6. Year of Graduation: _____
7. When are you available to do your elective? (Start/finish dates – please list 2-3 possibilities).

8. Briefly tell us your reasons for applying to do a Family Medicine elective with us.

9. Please tell us about your current career plans.

10. What, if any, previous Family Medicine experience have you had?

Please return this form to:

Michael Smith, MS

508-334-8023

Michael.Smith@umassmemorial.org