



## **Primary Care Program** **2019-2020 Application Checklist**

### **Application Deadline:**

- Friday, July 12<sup>th</sup>, 2019 by 5:00 pm.
- Please send the application to Jo Marie Reilly, M.D., Director, Primary Care Initiative at [jmreilly@med.usc.edu](mailto:jmreilly@med.usc.edu) AND Kristie Gordon, KSOM Primary Care Coordinator at [Kristie.Gordon@med.usc.edu](mailto:Kristie.Gordon@med.usc.edu)

### **Completed Application Includes:**

- 2019-2020 KSOM PCP Applicant Information
- Profile Picture
- Essay Questions
- CV/Resume

### **Instructions**

- Save all documents with your **full name** in the **header**.



## Keck School of Medicine - Primary Care Program (KSOM- PCP)

### 2019-2020 PCP APPLICANT INFORMATION

#### Applicant Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Permanent Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Skype Email:** \_\_\_\_\_

**KECK/USC Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

**Do you have reliable transportation to travel to a clinic in Los Angeles, CA?**

YES NO

**Do any of your family members work in a healthcare field? (If yes, write in their role)**

YES NO  
 \_\_\_\_\_

#### BLS Certification

**Do you have a current BLS Certification? (If yes, when does it expire?)**

YES NO  
 \_\_\_\_\_

## Education

High School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Foreign Languages

*Please list all foreign languages.*

Foreign

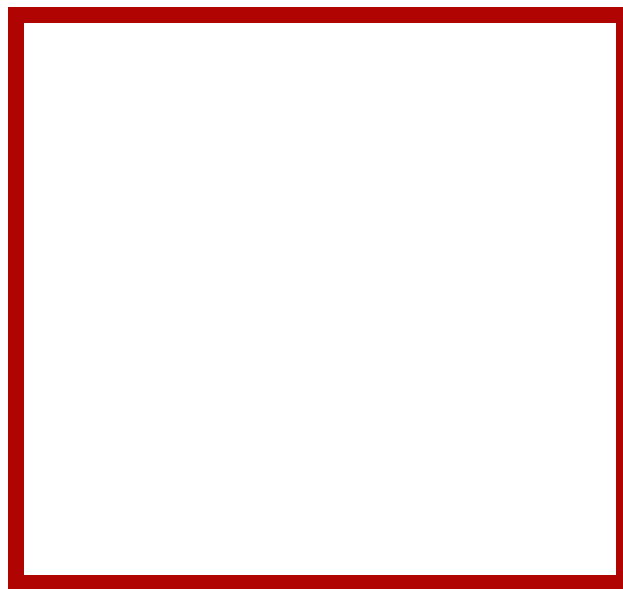
Language: \_\_\_\_\_

Read Basic  Conversational  Advanced  Fluent   
 Write Basic  Conversational  Advanced  Fluent   
 Speak Basic  Conversational  Advanced  Fluent

Foreign

Language: \_\_\_\_\_

Read Basic  Conversational  Advanced  Fluent   
 Write Basic  Conversational  Advanced  Fluent   
 Speak Basic  Conversational  Advanced  Fluent



**Please attach a profile picture**

## **REQUIRED ESSAY QUESTIONS:**

Please respond to the following questions (3 pages max.). Please attach the application form to your questions and send by the application due date. Thank you.

Please address the following questions in your essay (3 pages max). You are welcome to answer each question individually or in an essay format.

1. *Why are you interested in this program?*
2. *What is your understanding of primary care?*
3. *What experiences/interests do you have that draw you towards primary care and community work as a future career choice?*
4. *How do you see this experience supporting those interests?*
5. *Describe your vision of your ideal medical practice in 10 years.*

**\*\*\*Applicants will be notified via email by early-August 2019. \*\*\***