



Primary Care Program 2023-2024 Application Checklist

App	plication Deadline:
	Friday, June 9, 2023 by 11:59 PM PST
	Please send the application to Jo Marie Reilly, M.D., MPH, Director, Primary Care Initiative at jmreilly@med.usc.edu AND Ilana Greenberg, MPH, Primary Care Initiative Manager at ilana.greenberg@med.usc.edu .
Cor	npleted Application Includes:
	2023-2024 KSOM PCP Applicant Information
	Profile Picture
	Essay Questions
	CV/Resume
Inst	tructions
	Save all documents with your full name in the header .
	Review Program FAQ document here before submitting (document also can be found on primarycare usc. edu website)





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

2023-2024 PCP APPLICANT INFORMATION

		Applicant Inform	ation						
Full Name:				Date:					
	Last	First	M.I.						
Permanent Address:									
	Street Address			Apartment/Unit #					
	City		State	ZIP Code					
Phone:		Persona Email_	.1						
KECK/USC Address:									
	Street Address			Apartment/Unit #					
	City		State	ZIP Code					
Do you have	reliable transportation	to travel to a clinic in Los Angele	s, CA?						
		YES □	NO						
Do any of your family members work in a healthcare field? (If yes, write in their role)									
		YES	NO						
		BLS Certificat	ion						
Do you have a current BLS Certification? (If yes, when does it expire?)									
		YES	NO						

Education									
High Schoo	l:								
From:	To:	Did you graduate?	YES	NO	Diploma::				
College: _									
From:	To:	Did you graduate?	YES	NO	Degree:				
Other:									
From:	То:	Did you graduate?	YES	NO	Degree:				
		Foreign La	angua	ges					
Please check a box below to indicate your comfort with this language in the clinic setting: I would need help from an interpreter to take a basic history and provide basic counseling I would be able to take a basic history but may need some help from an interpreter to provide basic counseling I would be comfortable taking a basic history and providing basic counseling on my own without an interpreter Foreign Language: Please check a box below to indicate your comfort with this language in the clinic setting: I would need help from an interpreter to take a basic history and provide basic counseling I would be comfortable taking a basic history but may need some help from an interpreter to provide basic counseling I would be comfortable taking a basic history and providing basic counseling on my own without an interpreter									

Please attach a profile picture

REQUIRED ESSAY QUESTIONS:

Please respond to the following questions (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 are your experiences with 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 late-June 2023