



520 N. Third Ave. Sandpoint, ID 83864  
(208) 265-1102 FAX: (208) 265-1277

## APPLICATION FOR APPOINTMENT AS A MEDICAL STUDENT

### GENERAL INFORMATION

Date of application: \_\_\_\_\_

Name in full: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Mailing Address City State Zip

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Sponsoring Physician: \_\_\_\_\_

Dates that you will be at Bonner General Health: From: \_\_\_\_\_ To: \_\_\_\_\_

### MEDICAL SCHOOL / PROGRAM

Name of Medical School (Program): \_\_\_\_\_

Current year in program \_\_\_\_\_

Address: \_\_\_\_\_

### OTHER EDUCATION

College/University \_\_\_\_\_ Degree \_\_\_\_\_

Address: \_\_\_\_\_ Date Degree Granted: \_\_\_\_\_

College/University \_\_\_\_\_ Degree \_\_\_\_\_

Address: \_\_\_\_\_ Date Degree Granted: \_\_\_\_\_

### THIS FORM MUST BE RETURNED WITH COPIES OF THE FOLLOWING DOCUMENTS

- ☞ Proof of malpractice coverage (1M/3M minimum required);
- ☞ Letter of Good Standing from your institution.
- ☞ Vaccination/Immunization Record (Current Influenza immunization required & proof of COVID-19 Vaccination or exemption required)

**Please return with this application and the above-mentioned documents to:**

email to: [sharon.beeman@bonnergeneral.org](mailto:sharon.beeman@bonnergeneral.org) or fax to: 208-265-1277

***I agree to abide by BGH Medical Student and Confidentiality Policies.***

Signature: \_\_\_\_\_

### CREDENTIALS COMMITTEE

Approved

Denied

Comments Attached

Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

MT Mnemonic \_\_\_\_\_

/credentialing