



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;
- Letter of Good Standing from your institution.
- Vaccination/Immunization Record (Current Influenza immunization required)

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

email to: 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