

*University of Massachusetts  
Medical School*

*Family Medicine and  
Community Health  
Worcester Family Medicine Residency  
Memorial Campus  
Jaquith 2  
119 Belmont Street  
Worcester, MA 01605  
Tel: 508-334-6111  
Fax: 508-334-6404*

## **4<sup>th</sup> Year Elective Info Sheet - FC-423 (Outpatient Elective)**

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. Please indicate your preference(s) for the center(s) at which you would like to complete your Outpatient elective:  
**Family Health Center of Worcester, Hahnemann Family Health Center or Barre Family Health Center.**

- 1)
- 2)
- 3)

9. Briefly tell us your reasons for applying to do a Family Medicine elective with us.  
\_\_\_\_\_  
\_\_\_\_\_

10. Please tell us about your current career plans.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What, if any, previous Family Medicine experience have you had?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

Michael P. Smith, MS  
Associate Director of Admissions  
UMass Family Medicine Residency Program  
[Michael.Smith@umassmemorial.org](mailto:Michael.Smith@umassmemorial.org)  
[www.umassmed.edu/fmch/residency/worcester/](http://www.umassmed.edu/fmch/residency/worcester/)