



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.: \_\_\_\_\_

Please indicate your year of Medical School and prior clinical rotations: \_\_\_\_\_

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

Dates that you will be at our facility: From: \_\_\_\_\_ To: \_\_\_\_\_

### EDUCATION

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

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

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

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

Other qualifications and special training: \_\_\_\_\_

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

- Proof of malpractice coverage;
- Letter of Good Standing from your institution.
- Must register as a Medical Student with the Idaho State Board of Medicine  
(\$10 fee, no certificate issued) [No fee for WWAMI students]

**Please return with this application and the above-mentioned documents to:**  
Bonner General Hospital Administration, 520 N. Third Ave., Sandpoint, ID 83864 or  
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 \_\_\_\_\_

EDR Agreement signed for IS

/credentialing