



**EASTERN MONTANA AREA HEALTH EDUCATION CENTER  
2021-2022**

**Montana Family Medicine Residency Program  
Student Audition Rotation Application  
RiverStone Health  
Billings, Montana**

**Questions? Please Contact:  
Jenny Jutz, Student Placement Coordinator  
Eastern Montana AHEC  
RiverStone Health  
123 S. 27<sup>th</sup> Street  
Billings, MT 59101  
Office: 406.247.3285 Fax: 406.651.6418  
[jenny.jut@riverstonehealth.org](mailto:jenny.jut@riverstonehealth.org)**

**Eastern Montana Area Health Education Center  
(E MT AHEC) Program Requirements and Placement Process**

1. Applications for Medical Student Clerkships will be accepted from **February 1 – March 15** prior to the academic year of the rotation requested. Once your application is received, it will be reviewed by our faculty, and you will receive a response on/around April 1. Please indicate alternate dates as we may not be able to accommodate your first preference. Additional applications may be considered after the deadline, depending on space availability.
2. **Allopathic and osteopathic medical students** in the process of completing the third year of their school/program and are interested in rural/underserved health care are invited to apply for a rotation. Rotations are scheduled during the 4<sup>th</sup> year of their school/program. **Only 4 week rotations are scheduled.**
3. Once notified of acceptance, the student will be instructed to contact their school/program to provide proof of malpractice insurance coverage for the rotation, a letter of good standing and a contact from their school for facilitating an Affiliation Agreement.
4. The Eastern Montana AHEC and the Montana Family Medicine Residency Program are unable to sponsor any Visas.
5. **There is an \$800 fee for a 4 week rotation.** This fee may be paid by your school or you, the student, at the conclusion of your rotation. We accept cash, check, and credit card (made out to Eastern MT AHEC).
6. Housing is not provided. However, we can provide a list of contacts the student can reach out to for possible housing.
7. Participants accept the responsibility of immediately notifying the E MT AHEC office of any of the following: (a) any change in rotation plans; (b) early termination of the rotation; and (c) problems or concerns during the rotation.
8. Important Licensure Information: Medical students and Physician Assistant students do not require a license to practice in Montana for this program. Physicians in residency training do require a license in Montana for this program.



Rank the type of community in which you plan to practice (1=Highest & 5=Lowest):

Rural \_\_\_\_\_ Small Town \_\_\_\_\_ Suburban \_\_\_\_\_ Inner-City \_\_\_\_\_ City \_\_\_\_\_

We have specific dates that we are able to take students. Please indicate top 4 different preferences. We will try to accommodate the best we can with the dates allotted.

May 24-June 18 \_\_\_\_\_ Aug 30 – Sept 24 \_\_\_\_\_

Oct 4- Oct 29 \_\_\_\_\_ Nov 1- Nov 26 \_\_\_\_\_

Nov 29- Dec 23 \_\_\_\_\_ Jan 10-Feb 4 \_\_\_\_\_

Feb 7-Mar 4 \_\_\_\_\_ Mar 7-April 2 \_\_\_\_\_

No preference \_\_\_\_\_

Have you previously participated in a rotation in Montana? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Where: \_\_\_\_\_

When: \_\_\_\_\_

Name of Preceptor: \_\_\_\_\_

Do you have family or available housing in Billings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Keep in mind, housing is not provided. However, we can provide a list of contacts the student can reach out to for possible housing. (Please let us know if this is the case.)

Have you ever been convicted of a felony? \_\_\_\_\_

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions about yourself.

1. Why are you interested in a Montana rotation?

2. What is your previous experience with primary care in medical school **AND** care of underserved populations?

3. What are your preferences, priorities and goals for this educational experience?

4. What are your career plans?

5. What types of activities/hobbies do you enjoy in your free time?

6.  Please check box if interested in “Regional Student Stipend”. Stipend is based upon approval of MFMR Faculty. Please explain, in depth, why you want to practice in **Montana**:

## Agreement to Terms

1. **I understand for my application packet to be complete, it must include:**
  - a. Completed AHEC application
  - b. An updated CV/Resume
  - c. USMLE and/or COMLEX scores I have taken thus far
2. **If my application is accepted and a rotation date is confirmed, it is my responsibility to email or have my school email, the Student Placement Coordinator:**
  - a. Proof of malpractice insurance. It will be necessary for you to be covered by malpractice insurance during the experience. The EMT AHEC office does **NOT** provide malpractice insurance coverage.
  - b. Letter of good standing from your school
  - c. School Affiliation Agreement – have them contact the Student Placement Coordinator to start the process
  - d. Updated immunizations
  - e. Current flu shot if rotation is scheduled during flu season, October 1-March 31
  - f. Proof of a standard minimum 6 panel drug screen, with negative results, completed within the last year of your rotation start date
  - g. Current background check, completed within the last year of rotation start date
  - h. Your exit/final evaluation documentation, preferably electronically, if required by your school
  - i. Professional headshot
3. If my application is accepted and a rotation date is confirmed, **I agree to pay the \$800 rotation cost**, if my school does not.
4. **If I participate in this program, I accept responsibility of immediately notifying the Student Placement Coordinator in the event any of following occurs:**
  - a. Any change in rotation plans
  - b. Early termination of the rotation
  - c. Any problems or concerns during the rotation
5. **Emergency Contact Information:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
6. The EMT AHEC office would like to follow your progress through your professional education to see if this program has had an impact on your choice of specialty or practice site. You will very likely change your address several times in the next few years, so **please give the name, address and phone number of an individual who will know your location for the next 10 years. (Preferably someone currently not living with you).**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your application!**

**You will be notified of the status of your application around April 1 via the email address you provided.**

Please mail, email or fax your completed application to:

Jenny Jutz, Student Placement Coordinator

RiverStone Health, Eastern Montana Area Health Education Center

123 South 27<sup>th</sup> Street

Billings, MT 59101

[Jenny.jut@riverstonehealth.org](mailto:Jenny.jut@riverstonehealth.org)

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