



EASTERN MONTANA AREA HEALTH EDUCATION CENTER 2023-2024

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. 27th Street
Billings, MT 59101
Office: 406.247.3285
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 4th 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 a \$400 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.

July 31 – Aug 25	Aug 21 – Sept 15	Aug 28 – Sept 22
Sept 18 – Oct 13	Oct 2 – Oct 27	Oct 16 – Nov 10
Nov 13 – Dec 8	Nov 27 – Dec 22	Jan 1 – Jan 26
Jan 8 – Feb 2	Jan 29 – Feb 23	Feb 26 – Mar 23

No preference _____

Dates are subject to change at any given time

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, including proof of COVID vaccine (please reach out to Student Placement Coordinator for any questions regarding this)
 - e. Current flu shot if rotation is scheduled during flu season, September 15-March 31.
 - f. Proof of 10 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.
 - j. Proof of Identification (ie, copy of drivers license)
3. **If my application is accepted and a rotation date is confirmed, I agree to pay the \$400 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 email your completed application to:

Jenny Jutz, Student Placement Coordinator

RiverStone Health, Eastern Montana Area Health Education Center

123 South 27th Street

Billings, MT 59101

Jenny.jut@riverstonehealth.org

