



**2025-2026**

**Student Sub-Internship Rotation Application  
Montana Family Medicine Residency Program  
Billings, Montana**

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MFMR was one of the first residencies structured within a Community Health Center, and RiverStone Health is one of the first 11 Teaching Health Centers. Practicing in a Community Health Center has several advantages. Students will learn to care for high-needs patients who have limited resources and limited access to care, in a patient-centered environment.

This rotation is a blend of both in- and out-patient services. Students will spend 2 weeks in our continuity outpatient clinic housed at RiverStone Health alongside residents and faculty caring for their continuity panels, and 2 weeks on our busy inpatient service covering both community hospitals: Billings Clinic Hospital and Intermountain Health Hospital.

We have opportunities to spend time at our rural clinics 45-50 min outside of Billings. We also have Ryan White (HIV), Hep C, MAT-OU, Integrative Medicine and Peds Behavioral Health specialty clinics for interested students. The residency has a wilderness medicine track, public health and advocacy track, a global medicine opportunity in Mongolia, and a sports medicine fellowship to meet the needs of rural Montana.

Based on our patient population, students will encounter a variety of specialty areas. Some experiences might include: Procedures– IUDs, Nexplanons, skin biopsies and biopsies, joint injections (mostly through MSK clinic), point-of-care and obstetric ultrasound; OB, Pediatrics, Geriatrics; Reproductive Health; Addiction Medicine; Behavioral Health/Psychiatry and Integrative Medicine. Students are expected to attend our weekly didactics sessions on Wednesday afternoons.

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**Application Process and Requirements**

Clinical rotations are available to students in their final year of medical school. All student rotations conducted at RiverStone Health are processed through the Eastern Montana AHEC department. We offer a limited amount of Audition Rotations. 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, as they are scheduled during the fourth year of their school/program.

Applications are accepted **February 1 – March 15** each year. Once your application is received, it will be reviewed by our faculty and you will receive a response by April 1. Additional applications may be considered after the deadline, dependent on space availability, so please reach out to the Student Coordinator if it is outside of deadline dates.

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**Please read the following information closely prior to submitting your application:**

1. The following is required to be submitted with your application:
  - a. Completed Audition Application
  - b. Updated CV/Resume
  - c. Professional Photo
  
2. If your application is accepted and a rotation date is confirmed, it is the student's responsibility to email or have your school email the Student Coordinator the following required documents:
  - a. Proof of Malpractice Insurance. It will be necessary for the student to be covered by malpractice insurance during their experience. Eastern MT AHEC office does not provide malpractice insurance coverage. *(Important Licensure Information: Medical students and APP students do not require a license to practice in Montana for this program. However, physicians in residency training do require a license to practice for this program).*
  - b. School Affiliation Agreement. The school must contact Eastern MT AHEC to begin the process of this.
  - c. Letter of Good Standing from the school.
  - d. Updated Immunizations including MMR and annual TB (documented PPD within 12 months of rotation or recent chest x-ray if known PPD positive)
  - e. Proof of annual flu vaccine. Exemptions can be discussed on case-by-case basis. Please reach out to the Student Coordinator as needed.
  - f. Current 10 panel drug screen, with negative results, completed within 12 months of rotation start date.
  - g. Current background check, completed within 12 months of rotation start date.
  - h. Final evaluation documentation.
  - i. Proof of Identification (ie, copy of drivers license).
  
3. **All audition rotations are subject to fees.** Please read the following information closely. Follow up with the Student Coordinator with any questions you may have.
  - a. **There is a \$500 fee for a 4-week rotation.** This fee may be paid by the school or you, the student, at the conclusion of your rotation. We accept cash, check and card. Checks can be written out to Eastern MT AHEC.
  - b. As the rotation is both outpatient and inpatient experiences, students work with three different facilities: RiverStone Health, Billings Clinic Hospital and Intermountain Health Hospital. All three facilities have different onboarding requirements for students. The hospitals have online programs they use for processing that charge additional, non-refundable fees: **Billings Clinic: \$25; Intermountain Health: \$118** (immunization package; drug screening and background check fees). IMH *does not* accept background checks or drug screens from other institutions or schools; these must be conducted through their program to be compliant. RiverStone Health and Billings Clinic *will* accept your IMH items for their portion of onboarding. Please reach out to the Student Coordinator for questions regarding this.
  
4. Housing is not provided; however we can provide a list of contacts the student can reach out to for possible housing during their rotation.
  
5. Participants accept the responsibility of immediately notifying the Student Coordinator of any changes in rotation plans; early termination of the rotation; problems or concerns during the rotation.

**Medical Student Family Medicine Sub-Internship Rotation Application**

**Student Legal Name:** \_\_\_\_\_

**Preferred Name** (if applicable): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Mailing Address** while attending school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address** (preferred): \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Year in Medical School: \_\_\_\_\_

Anticipated Graduation Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Planned Specialty: \_\_\_\_\_

**School Placement Coordinator:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Did you pass your **USMLE Step 1** or **COMLEX I** the first time you took it? Yes No  
If No, please write how many times you took it before passing: \_\_\_\_\_

Did you pass your **USMLE Step 2** or **COMLEX II** the first time you took it? Yes No  
If No, please write how many times you took it before passing: \_\_\_\_\_

What was your **USMLE Step 2** or **COMLEX II** score? \_\_\_\_\_

Will you be participating in the NRMP Match? Yes No

**How did you hear about our program?**

College/University Referral (please specify): \_\_\_\_\_

Friend/Colleague/Word of Mouth: \_\_\_\_\_

Internet (Please specify website): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

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

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

**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

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

**Have you ever been convicted of a felony?**      Yes      No

If yes, please explain:

**Are you authorized to work in the U.S.?**      Yes      No

Current Work Authorization? \_\_\_\_\_  
(U.S. Citizen or National, Legal Permanent Resident, Refugee, Asylee)

Visa Sponsorship Needed?      Yes      No

Visa Sponsorship Sought? \_\_\_\_\_

Basis for Work Authorization? \_\_\_\_\_

**We have specific audition rotation dates available. Please indicate top 3-4 preferences.** We will try to accommodate the best we can with the dates allotted.

August 11 – September 5	September 8 – October 3	October 6 – October 31
November 3 – November 28	November 17 – December 12	December 1 – December 26
January 5 – January 30	January 19 – February 13	February 2 – February 27
February 16 – March 13	March 2 – March 27	No Preference

**\*\*\*Dates are subject to change at any given time\*\*\***

**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 goals?

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

6. *If applicable*, please explain in depth, why you want to **practice in Montana?**

7. Do you have any additional comments you would like to add?

8. Would you be interested in the RiverStone Health HR department reaching out to you for future positions with Montana Family Medicine Residency?      Yes      No

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**Agreement to Terms**

**I have read and understand the requirements listed above. I agree to submit my application and required documentation accordingly. I agree to pay the \$500 rotation fee, if my school does not. I understand there are additional fees to meet onboarding requirements at each facility I will rotate at and I will pay these fees prior to rotating, if my school does not. I accept the responsibility of immediately notifying the Student Coordinator or any changes in plans or any questions I may have throughout the process.**

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

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

Date: \_\_\_\_\_

**Thank you for your application!**

You will be notified of the status of application by April 1 via the email you use to submit your application.  
Reach out to the Student Coordinator with any questions.

Please email your completed application to:  
Jenny Jutz, Student Placement Coordinator  
Eastern Montana AHEC, RiverStone Health  
123 South 27<sup>th</sup> Street, Billings MT 59101  
[jenny.jut@riverstonehealth.org](mailto:jenny.jut@riverstonehealth.org)