



TEXAS A&M UNIVERSITY  
College of Medicine

**CHRISTUS HEALTH/TEXAS A&M UNIVERSITY  
COLLEGE OF MEDICINE EMERGENCY MEDICINE  
RESIDENCY PROGRAM**

## **MEDICAL STUDENT CLERKSHIP APPLICATION FORM**

Corpus Christi, TX



Thank you for your interest in medical student clerkships with CHRISTUS Health/Texas A&M in coastal South Texas. We offer dynamic 4-week rotations in the following areas:

- Emergency Medicine
- Emergency Ultrasound
- Medical Critical Care for the EM-Bound Student
- Wilderness Medicine (9/29 - 10/26/2025)

Each rotation is designed to provide a comprehensive and engaging learning experience. Below is the application form. Please note that we only consider complete applications, which must include:

- Completed application form (including rotation preferences and requested dates)
- Photo (embedded in the form or attached separately)
- Curriculum Vitae (CV) or resume
- Letter of good standing from your medical school's Dean or Student Affairs Office
- Statement of liability insurance coverage for clerkship rotations from your medical school
- Immunization record (including COVID-19 vaccine documentation)
- Personal statement (one paragraph) describing your interest in our program
- Medical school transcript (unofficial is acceptable)

The Clerkship Director reviews all applications, and placement is competitive due to limited availability. If accepted, please confirm your spot within ten (10) business days by calling (361) 861-1865 or emailing [apply2ccemrp@gmail.com](mailto:apply2ccemrp@gmail.com). For more details on our student opportunities, visit [www.ccemrp.com](http://www.ccemrp.com). If you have any questions, feel free to contact us by phone or email.

We appreciate your interest and look forward to hearing from you.

Lynn Newman, Medical Student Coordinator  
600 Elizabeth Street  
Graduate Medical Education 9B, Suite 9210  
Corpus Christi, TX 78404  
Office Phone: (361) 861-1865  
Email: [apply2ccemrp@gmail.com](mailto:apply2ccemrp@gmail.com)

INSTRUCTIONS: Please submit this form and all requested documents to the Medical Student Coordinator. Provide a copy to your Dean's Office to be submitted with a copy of the applicant's credentials, letter of good standing, statement of liability insurance coverage, transcript, and immunization record.



Name (Last, First, Middle): \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Medical School ID Number: \_\_\_\_\_ Last 4 digits Social Security Number: \_\_\_\_\_

**MEDICAL EDUCATION-School:** \_\_\_\_\_

Select one:  3rd yr medical student  4th yr medical student  Other: Specify \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Emergency Medicine rotations that you will have completed prior to this rotation: \_\_\_\_\_

**Anticipated Residency Specialty:** \_\_\_\_\_

Please list all dates (month/year) and numerical scores if indicated for all completed board examinations (USMLE/COMLEX):

**Medical Student Clerkship Requested:**

(If requesting more than one rotation, indicate 1st choice, 2nd choice etc)

- Emergency Medicine  Clinical Simulation Medicine (9/2 - 9/26/2025)
- Emergency Ultrasound
- Medical Critical Care for the EM-Bound Student
- Wilderness Medicine (9/29 - 10/26/2025)

**Clerkship Dates Requested:**

1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_ 3rd choice: \_\_\_\_\_

Has your medical school education been interrupted at any time?  YES  NO

If yes, please explain:

Have you failed or had to repeat any class or portion of medical school?  YES  NO

If yes, please explain:

Have you failed or had to repeat any board examination during medical school?  YES  NO

If yes, please explain:

List all electives completed or currently taking in medical school (including location of any away rotations):

**UNDERGRADUATE EDUCATION**-School: \_\_\_\_\_

Degree and Major(s): \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Other graduate school experience:

**EPIC EMR Computer Access Information and Confidentiality Statement**

Have you ever had EPIC EMR access before, with the CHRISTUS Health System?  YES  NO

If you have experience with EPIC in the last 12 months and want to 'test-out' check here  YES

**CONFIDENTIALITY AND COMPUTER RESOURCES AGREEMENT FOR AFFILIATES**

**ACKNOWLEDGEMENT AND AGREEMENT**

I have read and understand this CHRISTUS Health Confidentiality and Computer Use Agreement. I agree to abide by the terms hereof and the Directives, Guidelines and Procedures of CHRISTUS Health, as they relate to CHRISTUS Health Information and CHRISTUS Health Information Systems. I understand that this Agreement is but a summary of CHRISTUS Health Management Directives, Policies, Guidelines and Procedures related CHRISTUS Health Information. I understand that any Management Directive, Policy, Guideline or Procedure of CHRISTUS Health may be amended or revised by CHRISTUS Health at any time, at this discretion. Any failure on my part to abide by this Agreement or CHRISTUS Health Management Directives, Policies Guidelines and Procedures may result in the termination of my authorization access to and/or use of CHRISTUS Health Information or appropriate legal action to enforce the terms of this Agreement.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Signature verifies accuracy of information and awareness of hospital policies)



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### **Complementary Housing Information for Medical Students:**

Housing Coordinator:

Brittany Colunga

Office Phone: (361) 881-8133

Cell Phone: (361) 318-4787

Email: [brittanycolunga@gmail.com](mailto:brittanycolunga@gmail.com)

Housing Location:

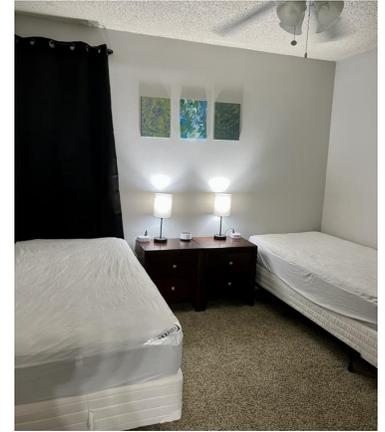
Harbour Landing Apartments

8033 S. Padre Island Drive

Corpus Christi, TX 78412

Phone: (361) 260-9160

~ 15 minute drive to Shoreline Hospital



To arrange housing:

1. Make a reservation (email Brittany) for housing as soon as possible after you have confirmed rotation acceptance. You will receive a housing confirmation form upon acceptance.
2. Be sure to bring your own linens, including bedding for a twin-size bed. Feel free to bring personal equipment such as laptops, toiletries, etc.
3. During busy rotation blocks, students will **share** rooms. We will do our best to keep you informed of your living arrangements in a timely manner. We cannot guarantee availability of complementary housing but we will be more likely to be able to meet your needs if you contact us early.
4. **NO** pets. **NO** overnight guests. Be courteous and respectful of other students.
5. A \$100 cleaning fee is required.

From time to time, it is necessary for us to visit the apartments for maintenance and housekeeping. If you have any questions or problems regarding the housing arrangements, please call the housing coordinator at the number listed above.

**We are very happy to have you rotate with us and hope you have a great experience during your time in Corpus Christi.**