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 MARSHALL UNIVERSITY SCHOOL OF MEDICINE

Medical Student Evaluation Form Career Advising Session

 MS-3 and MS-4 only

 Academic Year 2018-2019

**This form must be completed in order to receive CME credit.** Clinicians will receive 10 hours of CME credit for every student with whom they work for a maximum of 20 CME hours.

**Student Name**:

**Clinician Name**:

**Date**:

Questions for discussions?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| What specialties are you currently interested in? |  |  |  |
| Have you made a career choice? |  |  |  |
| If not, what information does the student need that will help them narrow their choices? |  |  |  |
| MS-4 How familiar are you with the Match Process? Refer to Office of Student Affairs if direction is needed. |  |  |  |
| MS-4 Do you need a mock interview and someone to review CV and personal statement? |  |  |  |
| Additional Comments: |

Faculty Name (please print):

Faculty Signature:

**This form should be submitted to Laura Christopher, Asst. Director of Academic and Career Support Services**

**christopherl@marshall.edu** **or Fax: 304-691-1727**