

COPE INTERN QUESTIONNAIRE

New Intern Information – 2019-2020

Name: _____ Email: _____

Cell Phone: _____

1) **Do you have any preferences regarding practice setting?**

- _____ No preference
- _____ Prefer Illinois Office
- _____ Solo practice
- _____ Urban, low socioeconomic class
- _____ Suburban group practice

Residents are responsible for their own transportation to COPE and are reimbursed monthly for round trip COPE mileage expenses at the IRS' standard rate per mile. (COPE offices may be as much as 40 miles away from the hospital with some offices located in Illinois)

2) **If from out of town, when do you plan to arrive in St. Louis?**

3) **What has been your prior pediatric primary care experience?**

4) **What other languages do you speak besides English?**

5) **Is there anything else you think we should know prior to selecting your options for COPE offices?**

Please return questionnaire to:
Carrie Kain, COPE Program Coordinator
Office: 314.454.2887 Fax: 314.454.4102
ckain@wustl.edu