



☐ General Surgery ☐ Internal Medicine ☐ OB / GYN

Student's Full Name
Street Address
City, State, Zip Code
Phone Number ()
Cell Number ()
E-Mail Address
Medical School
Medical School Contact & Title
Contact Phone Number ()
Expected Graduation Date

List dates requested in order of preference.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Documents needed from your school

All documents are needed in order to process and confirm your rotation request:

- _____ **Affiliation Agreement** between your school and The Medical Center
(Include Name & Credentials/Title of Medical School signees on the Agreement)
- _____ Letter/email from school requesting rotation
- _____ Letter of Good Standing from the school
- _____ Proof of current immunizations to include Annual TB test, Annual Chest Radiography if TB test is considered positive, Hepatitis B immunization established by three reported dates of immunization or by documented testing of antibody titer; tetanus toxoid immunization every ten years; established MMR and Varicella immunity by two reported dates if by vaccination or by documented antibody titer; flu vaccine; and COVID-19 vaccine.
- _____ Proof of current Criminal Background Check
- _____ Results from Ten Panel Drug Screen
- _____ Proof of current BLS & ACLS certification
- _____ Proof of HIV/AIDS, HIPAA, OSHA and Blood Borne Pathogen training
- _____ Proof of student's current personal health insurance
- _____ CV
- _____ **Certificate of Insurance** from school malpractice insurance policy.
- _____ Board Results of level/step 1 Board Exam
- _____ GPA or transcript

Person to Notify in Case of Emergency

Name
Address
City, State, Zip Code
Phone Number ()
Work Number ()
Cell Number ()
E-Mail Address

Agreement & Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as an audition student in a medical professional program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name (printed)
Student Signature
Date
School Representative (printed)
School Representative Signature
Date