MED CENTER HEALTH | The Medical Center

Audition Rotation Application & Agreement

☐ **General Surgery** ☐ **Internal Medicine** ☐ **OB / GYN**

Contact Information

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

When do you wish to rotate?

List dates requested in order of preference.
1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Career & Training Plans

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 and flu vaccine.
_____ Proof of COVID 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 Score
_____ GPA

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