



MEDICAL STUDENT RESIDENCY AUDITION ROTATION APPLICATION

This rotation is best suited for 4th year Medical Students that intend to pursue a career in Family Medicine. This 4 week rotation consists of 1 week of the following: Clinic at Deaconess Family Medicine Residency, OB/GYN at The Women's Hospital, Pediatrics at Deaconess Gateway Hospital, & Adult Medicine at Deaconess Midtown Hospital.

STUDENT INFORMATION			
Name		DOB	Last 4 SSN
Address	City	State	Zip Code
Student Email Address		Phone Number	
Emergency Contact Name		Phone Number	

SCHOOL INFORMATION	
Current School Name	Year of Study
Matriculation Date	Expected Graduation Date
Faculty/Clinical Contact Name	Phone Number
Email Address	

GENERAL INFORMATION			
USMLE/COMLEX 1 Pass/Fail	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Number of Attempts	
USMLE/COMLEX 2 Pass/Fail	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Number of Attempts	
Geographic area you plan to practice medicine			
Areas of medical interest			
Are you a US citizen or permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you completed a clinical rotation with Deaconess before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you need housing during your rotation with us?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed <i>STUDENT</i> EPIC training before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you already have a <i>STUDENT</i> Deaconess badge?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", what are the first 5 digits of your badge number?			

PREFERRED ROTATION DATES			
	Begin	End	Notes
1 st Choice			
2 nd Choice			

ADDITIONAL REQUIREMENTS	
Students must submit the following to student.rotations@deaconess.com	
<ol style="list-style-type: none"> Completed Application Letter of Introduction outlining your interest in an audition rotation at Deaconess 	
<i>Notification of rotation approval or denial will come from Academic Coordinator. If your rotation is approved, additional documents will be necessary to submit for credentialing. All documents must be completed and approved before any rotation may begin.</i>	
Signature	Date
<i>By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.</i>	