

Medical Student Audition/Sub-Internship Rotation Application

Name			
Email Address _		Phone #	
Name of School		Faculty Advisor	
Advisor Email		Anticipated da	ate of graduation
Emergency Cont	tact	Phone #	
Desired Blocks (enter dates) 1 st Choice	2 nd Choice	3 rd Choice
Do you require \	Visa Sponsorship?	No	
Are you plannin	g on applying to Family Medicine?	Yes No	
f no; what othe	r specialties are you considering?		
•	a brief statement of why you are intere e Residency Program. Kindly include ca		
	/ to this application ontact program physicians or faculty by	phone or email	
Have you ever:	(a) failed or needed to remediate a m(b) failed the USMLE or COMLEX?(c) taken a leave of absence from me		_

Please send all documents in one packet to marlene.ashton@dignityhealth.org