DESERT REGIONAL MEDICAL CENTER
Graduate Medical Education

# MEDICAL STUDENT ROTATION APPLICATION

## APPLICANT INFORMATION

Name (First, Middle, Last): ______________________________________________

Date of Birth (MM/DD/YY): ________________ Social Security #: ______________________

Address: ___________________________________________________________________________

City: ______________________ State: _______ ZIP Code: ________________

Contact Number: _________________________ Email: _______________________________________________

## MEDICAL EDUCATION

Medical School: __________________________________________________ OMS Year: _____

Address: ___________________________________________________________________________

City: ______________________ State: _______ ZIP Code: ________________

Start Date (MM/YY): ________________ Expected Graduation Date (MM/YY): ________________

## EMERGENCY CONTACT

Name: _________________________________ Relationship: ________________

Contact Number: ____________________

## ROTATION REQUEST

Desired Rotation: *(a separate application is required for each specialty)*

__ Emergency Medicine __ Internal Medicine __ Neurology __ Neurosurgery __ Core or __ Elective

Dates:

1st Choice: _________ to _________

2nd Choice: _________ to _________

3rd Choice: _________ to _________

Program of Interest for Residency: ________________________________

## EXAMINATIONS AND CERTIFICATIONS

USMLE Scores:

STEP 1 _______ STEP 2 _______ STEP 3 _______

COMLEX Scores:

PART 1 _______ PART 2 _______ PART 3 _______

Multiple Attempts for USMLE or COMLEX?

__ Yes __ No

If yes, which test and how many attempts?

____________________________________

Certifications: __ ACLS __ BLS __ PALS

NPI #: ___________________________

*If you have not applied for an NPI, visit https://nppes.cms.hhs.gov*

## REQUIRED DOCUMENTS

COMLEX-1 score report
Copy of current BLS (required) and ACLS (optional) cards
__ Copy of current photo ID (i.e. Driver's license)
__ Copy of recent background check
__ Curriculum Vitae
__ ERAS-style photograph
__ One-page or less statement indicating why you want to rotate with DRMC's program
Unofficial medical school transcripts

## HOUSING & PARKING

Housing is not provided by DRMC, accepted students are expected to secure housing on their own. There is no on-campus housing available.

Parking is available in DRMC employee lots only and is free to all medical students.

## SIGNATURE

I attest that I am in good standing with my school and the information I have provided within this application is truthful and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from this position. I further declare that by submitting this application, I authorize the Desert Regional Medical Center and its representatives to contact persons associated with hospitals and institutions at which I have studied or trained and well as individuals whose names I have submitted in connection with this application. I hereby release from liability all representatives of the hospital and its professional staff for references performed in good faith in connection with evaluating my application and credentials; and release from liability all individuals and organizations that in good faith provide information to Desert Regional Medical Center, including otherwise privileged or confidential information.

Signature of Applicant: ___________________________________________________ Date: _______________________