

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
Dates: _____ Elective

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 #: _____

REQUIRED DOCUMENTS

✓

- Application Form
- Unofficial Medical School Transcript
- Copy of License/Photo ID
- Copy of Current BLS and ACLS (ACLS optional)
- Personal Statement
- COMLEX 1 Score
- ERAS Photograph

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 program 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: _____