

**FAMILY MEDICINE: AUDITION ROTATION APPLICATION**

CONTACT INFORMATION		
Name:		
Street Address:		
City, State:		ZIP Code:
Phone:		Email:
Hometown:		
Medical School:		
Date of Birth:		SSN (Required for System Setup):
AUDITION ROTATION REQUEST		
<input type="checkbox"/> F.M. in Community Hospital	<input type="checkbox"/> Rural F.M.	
AUDITION ROTATION DATES		
1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
REQUIRED DOCUMENTS		
Please be sure you have submitted the following documents along with your application:		
<input type="checkbox"/> USMLE/COMLEX Step 1 Score	<input type="checkbox"/> CV listing pertinent clinical, research or volunteer experience	
<input type="checkbox"/> Medical School or ERAS Personal Statement		

**Tell us why you may be interested in completing your residency at SRHS:**

**Please list any clinical [i.e. EMT, nursing, neuromuscular/OMT fellowship (DO applicants)], research or volunteer (i.e. school and national clubs) experience you may have:**

**Please list medical school courses/ rotations you have completed as a 3<sup>rd</sup> year; and what courses/ rotations you are planning to take during your 4<sup>th</sup> year:**