

# Family Medicine

## Audition Rotation Application

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### Contact Information

|   |  |
|---|--|
| Name                                    |  |
| Street Address                          |  |
| City/ ST/ ZIP Code                      |  |
| Cell Phone                              |  |
| E-Mail Address                          |  |
| Hometown                                |  |
| Medical School                          |  |
| Date of Birth                           |  |
| SSN: <u>(Required for System Setup)</u> |  |

**Audition Rotation Request: F.M. in Community Hospital or 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:

\_\_\_ USMLE/COMLEX Step 1  
Score

\_\_\_ Medical School or ERAS  
Personal Statement

\_\_\_ CV listing pertinent clinical, research or volunteer experience

### Interest in Spartanburg Regional Family Medicine Program

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

### Previous Experience

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:**