



KENT HOSPITAL

Medical Student Rotation Request

Rotation Application

Contact Information

Name:

Medical School:

Email:

DOB:

Anticipated Date of Graduation:

COMLEX/USMLE Scores (include all scores if taken more than once):

Reason for Rotation:

Audition Rotation(s) Request

Specialty: Emergency Medicine Family Medicine Internal Medicine
(please circle one)

Other: _____ (if non audition rotation)

List the date(s) in order of preference:

1st Choice:

2nd Choice:

- Please submit a copy of your CV with this form

Required Documents

***Once your rotation has been approved, the following documentation is required**

- Letter of Good Standing (from Institution)
- Proof of Immunizations
- Proof of Malpractice Insurance (from Institution)

GME Coordinators Becky Gaumitz - rgaumitz@kentri.org (IM, GI & Electives)
Crystal Nadeau - cmnadeau@kentri.org (FM, HBO)
Lynn Pereira - lypereira@kentri.org (EM)