



## 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):  
\_\_\_\_\_  
\_\_\_\_\_

In brief, please explain why you would like to rotate at Kent.

**Audition Rotation(s) Request:**    Family Medicine    Internal Medicine    Podiatry    Emergency Medicine

**Elective Choice : (non audition rotation)**

1st Choice: \_\_\_\_\_ to \_\_\_\_\_

2nd Choice: \_\_\_\_\_ to \_\_\_\_\_

**\*Please submit a copy of your CV with this form to respective coordinator below:**

Becky Celona (Internal Medicine & Electives) [rcelona@kentri.org](mailto:rcelona@kentri.org)

Alisha Lima (Family & Emergency Medicine) [allima@kentri.org](mailto:allima@kentri.org)

Sharon Amato (Podiatry) [samato@kentri.org](mailto:samato@kentri.org)