



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

Alisha Lima (Family & Emergency Medicine) allima@kentri.org

Sharon Amato (Podiatry) samato@kentri.org