



KENT HOSPITAL
Medical Student Rotation Request

Rotation Application

Contact Information

Name:

DOB:

Medical School:

Email:

Anticipated Date of Graduation:

COMLEX/USMLE - 1st time pass (*circle*) Yes No

Reason for Rotation:

Audition Rotation(s) Request

Specialty: Emergency Medicine Family Medicine Internal Medicine Podiatry
(*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

Upon approval, you will be sent an email with required documentation that will need to be submitted.

Please submit your application to the respective coordinator listed below:

Becky Gaumitz - rgaumitz@kentri.org (IM & Electives)

Crystal Nadeau – cmnadeau@kentri.org (EM)

Sharon Amato – samato@kentri.org (Podiatry, GI Fellow Audition)



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