

Medical Student Rotator Request

Rotation Application

Contact Information

Name:

Medical School:

Date of Graduation:

Email:

Phone:

DOB:

COMLEX and/or USLME Scores (include all scores if taken more than once):

Reason for Rotation:

Please include a copy of your CV with your request

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:

Required Documents

***1 month prior to your rotation, please send the following documentation:**

- Letter of Good Standing (from Institution)
- Proof of Immunizations
- Proof of Malpractice Insurance (from Institution)
- Current BCI
- Jpeg Headshot for Badge

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

Crystal Nadeau – cmnadeau@kentri.org (FM)

Lynn Pereira – lypereira@kentri.org (EM)

Sharon Amato – samato@kentri.org (Podiatry)