Please complete this form in its entirety to request your audition rotation. Applications will be reviewed on June 3, 2019. There are 12 FM and 12 IM audition rotations available for 2019/2020. Incomplete applications will not be considered.

Student Name

Students applying for audition rotations must be in their final year of medical school. All items on this checklist must be submitted at the time of application. Incomplete applications will not be processed until all documents on the check list are received.

**PLEASE DO NOT CONTACT PRECEPTORS OR PRECEPTOR OFFICES FOR ANY REASON DURING THE APPLICATION PROCESS. CONTACTING ANY OF THESE PARTIES MAY RESULT IN YOUR INELIGIBILITY FOR CURRENT AND FUTURE ROTATIONS**

A complete application will contain:

Application Form
___ Student Component

Health Forms & Proof of Health Insurance
___ Complete Immunization Record with appropriate signature (health care provider or student health office)

TB Testing

Students must provide documentation of annual TB testing with the most recent one within 12 months of the requested elective date

Copy of last TB testing: __________________________
___ I need to have another TB test done and will submit documentation
Copy of ALS/BLS Card

___ Copy of Active ALS/BLS Cards

Criminal Background Check (please include one)

___ Provided by my school—attach a letter or statement to this effect.

OR

___ I've started the process by contacting my local police station or the FBI or by contacting an online vendor. Documentation is attached.

CV

___ Up to date CV with Picture

All documents described in this check list should be sent in ONE electronic packet by you or your home institution.

I confirm that all mentioned above are enclosed in this packet. Failure to enclose all required documents will result in a delay in the processing of your application.

Student Signature: ______________________________________________________

Changes in Audition Rotation: Once a student has been scheduled to rotate, no change in audition rotation choice or rotation block will be allowed. This policy cannot be overridden by a department or an attending.

Cancellation Policy: If you can no longer attend your approved audition rotation which you have accepted, you must notify the Medical Student Clinical Coordinator via email no later than 4 weeks prior to your start date. The Medical Student Clinical Coordinator will then notify the department that you cannot attend. No re-scheduling of audition rotation is permitted if you fail to notify the Medical Student Clinical Coordinator at least 4 weeks prior to your start date.
Audition Rotation Application

STUDENT COMPONENT

Please complete this form in its entirety to request your audition rotation. Applications will be reviewed on June 3, 2019. There are 12 FM and 12 IM audition rotations available for 2019/2020. Incomplete applications will not be considered. Once you have been offered a rotation you will be required to submit a $100 non-refundable audition rotation fee, no exceptions. This fee will not be refunded due to student cancellation of rotation. Once you have accepted the rotation and JMH has received your fee, your school will be sent a visiting Affiliation Agreement to be signed before you can begin the audition rotation. *VCOM and LMU/DCOM students will not have to have a visiting Affiliation Agreement.

PLEASE NOTE: ROTATIONS ARE SUBJECT TO CANCELLATION IF AUDITION ROTATION FEE IS NOT RECEIVED WITHIN 30 DAYS OF START DATE OF YOUR ROTATION.

Name:_______________________________________________________________________________

                First                                      Middle (Required for computer access)           Last
                Not initial but actual name

Date of Birth:________________________________                                          Cell Phone:________________________________________

Last 5 Digits of your Social Security Number:________________________________________________
(Required for Computer Access)

Email:________________________________________

Medical School:________________________________________

COMLEX I:_________________  COMLEX II:_________________  COMLEX PE:_________________
(or date scheduled)                          (or date scheduled)

Attempts:_______________  Attempts:_______________  Attempts:_______________

OR

USMLE Step 1:_______________  USMLE Step 2 CK:_______________  USMLE Step 2 CS:_______________
(or date scheduled)                          (or date scheduled)

Attempts:_______________  Attempts:_______________  Attempts:_______________
AUDITION ROTATION DATES REQUESTED
All rotations are 4 week rotations. No Exceptions.
Please select up to 3 options and rank them in order from 1 to 3; 1 being your preferred rotation.

_____ 8/5 to 8/30/19  ____ 10/28 to 11/22/19
_____ 9/2 to 9/27/19  ____ 11/25 to 12/20/19
_____ 9/30 to 10/25/19  ____ 12/30 to 1/24/19

Please indicate which Residency program you are interested in applying:

Family Medicine
Internal Medicine

Questions

Attach additional sheets if necessary.

1. Why are you interested in family/internal medicine?

2. Why are you interested in a residency program at Johnston Memorial Hospital?
3. What distinguishes you from other applicants?

4. What kind of practice setting/location do you see yourself in after Residency?

5. Have there been any interruptions/remediation with your medical school education? If so, why?
School Contact for Affiliation Agreement

Contact Name:__________________________________________________________

Email Address:________________________________________________________________

Phone Number:_______________________________________________________________

NOTE: AFFILIATION AGREEMENT IS NON-NEGOTIABLE AND WILL NEED TO BE SIGNED AS APPROVED BY BALLAD LEGAL DEPARTMENT.

Completed applications should be sent to:
Heather Musick, Medical Student Clinical Coordinator
Johnston Memorial Hospital, Office of Student Medical Education
Heather.musick@balladhealth.org

Medical Education Use ONLY

Date Request Received by Office:_________________________________________________________

Date Audition Rotation Fee Received:______________________________________________________

- Approved
- Declined

Authorized Department Initials:________________________________

Notes: