



KENT HOSPITAL
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):

Reason for Rotation:

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:

- Please submit a copy of your CV with this form

GME Coordinators

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

Crystal Nadeau – cmnadeau@kentri.org (FM, EM)

Sharon Amato – samato@kentri.org (GI & Podiatry)