



# Medical Student Audition / Sub-I Rotation Application

**Please Note:**

- Kadlec Regional Medical Center is not able to accept international students for rotations.
- Students should not contact individual physicians or departments.
- Please sen CV/Resume with this application.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Faculty Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Desired Dates:**

- 1st Choice: \_\_\_\_\_ Are you planning to match in Family Medicine? Yes No
- 2nd Choice: \_\_\_\_\_ What other specialties are you considering? \_\_\_\_\_
- 3rd Choice: \_\_\_\_\_

Are you considering applying to the Kadlec Family Medicine Residency (KFMR) Program? Yes No

Please provide a brief statement of why you are interested in completing a rotation at KFMR, career goals, and what ties you have to the region.

Have you ever: (a) failed or needed to remediate a medical school course?  Yes  No

(b) failed the USMLE or COMLEX?  Yes  No

(c) taken a leave of absence from medical school?  Yes  No

**Please email all documents to:** [brenda.porco-smith@kadlec.org](mailto:brenda.porco-smith@kadlec.org)