



**APPLICANT INFORMATION**

Name (First, Middle, Last): \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**MEDICAL EDUCATION**

Medical School: \_\_\_\_\_ MS Year: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Start Date (MM/YY): \_\_\_\_\_ Expected Graduation Date (MM/YY): \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_

**ROTATION REQUEST**

Desired Rotation: *(a separate application is required for each specialty)*

- Emergency Medicine  
  Internal Medicine  
  Neurology  
  Neurosurgery  
  Core or  
 Elective

Dates:

1<sup>st</sup> Choice: \_\_\_\_\_ to \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ to \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ to \_\_\_\_\_

Program of Interest for Residency: \_\_\_\_\_

## EXAMINATIONS AND CERTIFICATIONS

USMLE Scores:

STEP 1 \_\_\_\_\_ STEP 2 \_\_\_\_\_ STEP 3 \_\_\_\_\_

COMLEX Scores:

PART 1 \_\_\_\_\_ PART 2 \_\_\_\_\_ PART 3 \_\_\_\_\_

Multiple Attempts for USMLE or COMLEX?

Yes  No

If yes, which test and how many attempts?

\_\_\_\_\_

Certifications:  ACLS  BLS  PALS

NPI #: \_\_\_\_\_

*If you have not applied for an NPI, visit <https://nppes.cms.hhs.gov>*

## REQUIRED DOCUMENTS

- COMLEX, Step I and/or USMLE, Step I - Score Report
- Copy of current BLS and ACLS cards
- Copy of current photo ID (i.e. Driver's license)
- Copy of recent background check
- Curriculum Vitae
- ERAS-style photograph
- One-page or less statement indicating why you want to rotate with DRMC's program
- Unofficial medical school transcripts

## HOUSING & PARKING

Housing is not provided by DRMC, accepted students are expected to secure housing on their own. There is no on-campus housing available.

Parking is available in DRMC employee lots only and is free to all medical students.

## SIGNATURE

I attest that I am in good standing with my school and the information I have provided within this application is truthful and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from this position. I further declare that by submitting this application, I authorize the Desert Regional Medical Center and its representatives to contact persons associated with hospitals and institutions at which I have studied or trained and well as individuals whose names I have submitted in connection with this application. I hereby release from liability all representatives of the hospital and its professional staff for references performed in good faith in connection with evaluating my application and credentials; and release from liability all individuals and organizations that in good faith provide information to Desert Regional Medical Center, including otherwise privileged or confidential information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_