



GRADUATE MEDICAL EDUCATION DEPARTMENT

Fourth Year Medical Student Application Form

Please Print Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home address: \_\_\_\_\_

USMLE/COMLEX 1 Score: \_\_\_\_\_ USMLE/COMLEX 2 Score: \_\_\_\_\_ CS/PE: Pass or Fail GPA: \_\_\_\_\_

Medical School: \_\_\_\_\_

Clerkship completed at: \_\_\_\_\_

Dean: \_\_\_\_\_ Dean's e-mail: \_\_\_\_\_ Dean's phone: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Geographic area where you plan to practice medicine: \_\_\_\_\_

Select rotation type: Audition \_\_\_\_\_ Core \_\_\_\_\_ Elective \_\_\_\_\_ Rotation/Specialty Requested: \_\_\_\_\_

Requested dates in order of preference: First Choice: From \_\_\_\_\_ To \_\_\_\_\_ Second Choice: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever elected, or been asked/directed to leave any educational program and/or training prior to completion? Yes \_\_\_ No \_\_\_

Have you ever been suspended from an educational program and/or training? Yes \_\_\_ No \_\_\_

Have you ever pled guilty to or been convicted of a crime or offense other than a minor traffic violation? Yes \_\_\_ No \_\_\_

I hereby certify the information submitted on this form is complete and correct to the best of my knowledge.

Signature of Student

Date

To complete your application, please attach an updated Curriculum Vitae and Dean's Letter of Approval or Letter of Good Standing, to this application and e-mail to the appropriate program coordinator. If accepted for an audition, please provide your TB screening and immunization records, and verify with the coordinator that an affiliation agreement is in place between Unity Health and your medical school.