Name: Today’s Date:

***\*\*PLEASE NOTE: As of October 2015, SJRMC will be participating exclusively in the ACGME Match***

***4TH YEAR EMERGENCY MEDICINE ROTATION APPLICATION***

**4TH YEAR EM ROTATION**

Address:

Phone #: Email:

Rotation Date Choice #1: Choice #2:

Hometown (original):

Medical School:

Year: ***MS-IV only***

Anticipated Graduation Date (Month/Year):

Undergraduate School:

Degree:

Medical Field of Interest:

COMLEX Step 1 Score (if taken):

USMLE Step 1 Score (if taken):

Would this rotation be **core** or **elective**?

How many previous EM rotations have you done?

List 3 extra-curricular activities:

1.
2.
3.

List any research experience or publications below:

1)

2)

(continued onto next page)

INSERT PHOTO HERE

For any questions, please email sjrmcer@gmail.com Please send completed application to this email address.