



## 4<sup>TH</sup> YEAR EM ROTATION

Name:

**4<sup>TH</sup> YEAR EMERGENCY MEDICINE ROTATION APPLICATION**

Address:

Phone #:

Email:

2020-2021 4-week Emergency Medicine Rotation Dates:

Please **choose 2 dates** from the following dates **ONLY**. Please indicate your **1<sup>st</sup>** and **2<sup>nd</sup>** choices.

- 1) 6/1/20-6/26/20
- 2) 7/6/20-7/31/20
- 3) 8/3/20-8/28/20

**\*\*PLEASE NOTE: SJUMC participates exclusively in the ACGME Match**

- 6) 10/26/20-11/20/20
- 7) 11/23/20-12/18/20
- 8) 1/4/21-1/29/21
- 9) 2/1/21-2/26/21
- 10) 3/1/21-3/26/21
- 11) 3/29/21-4/23/21
- 12) 4/26/21-5/21/21

Hometown (original):

Medical School:

Year: **MS-IV only**

Anticipated Graduation Date (Month/Year):

Undergraduate School:

Degree:

Medical Field of Interest:

USMLE Step 1 Score (if taken):

COMLEX Step 1 Score (if taken):

\*\*\*Please note any previous failures in COMLEX/USMLE and score (if applicable):

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)



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