



Audition Rotation Application & Agreement

Family Medicine Internal Medicine

Contact Information

Student's Full Name
Street Address
City, State, Zip Code
Phone Number ()
Cell Number ()
E-Mail Address
Medical School
Medical School Contact & Title
Contact Phone Number ()
Expected Graduation Date

Person to Notify in Case of Emergency

Name
Address
City, State, Zip Code
Phone Number ()
Work Number ()
Cell Number ()
E-Mail Address

Documents needed from your school

All documents are needed in order to process and confirm your rotation request:

- _____ **Affiliation Agreement** between your school and Lake Cumberland Regional Hospital
(Include Name & Credentials/Title of Medical School signees on the Agreement)
- _____ Letter/email from school requesting rotation
- _____ Letter of Good Standing from the school
- _____ Proof of current immunizations to include TB, MMR, Varicella, Hepatitis B Series
- _____ Proof of current Background Check/Drug Screen
- _____ Proof of current BLS & ACLS certification
- _____ Proof of HIPAA, OSHA and Bloodborne Pathogen training
- _____ Proof of student's current personal health insurance
- _____ CV
- _____ **Certificate of Insurance** from school malpractice insurance policy.
- _____ Board Score
- _____ GPA

Career & Training Plans

Phone: (Internal Medicine) 606-451-5093 · (Family Medicine) 606-451-5092 · Fax: 606-451-5087

Will you tell us a brief description of your career plans? Why do you want to do a rotation at Lake Cumberland Regional Hospital?

When do you wish to rotate?

List dates requested in order of preference.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Agreement & Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as an audition student in a medical professional program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name (printed)
Student Signature
Date
School Representative (printed)
School Representative Signature
Date