



MOUNTAIN VISTA MEDICAL CENTER
MEDICAL EDUCATION
AUDITION/SUB-INTERNSHIP ROTATION REQUEST

Please complete this form in its entirety to request your audition rotation. Incomplete applications will not be processed. Once your request is received you will be notified by e-mail if your request has been approved. **Audition/Sub-I rotations are limited to 2 weeks only. ROTATIONS ARE SUBJECT TO CANCELLATION IF MEDICAL SCHOOL DOCUMENTATION IS NOT RECEIVED WITHIN 30 DAYS OF YOUR START DATE.**

Name: _____ E-Mail: _____

DOB: _____ Cell Phone: _____

Med School: _____

Graduation Date: _____ Class Rank: _____ GPA: _____

COMLEX I: _____ COMLEX II: _____ COMLEX PE: _____
(or date scheduled) (or date scheduled)

Attempts: _____ Attempts: _____ Attempts: _____

USMLE I: _____ USMLE II: _____ USMLE CS: _____
(or date scheduled) (or date scheduled)

Attempts: _____ Attempts: _____ Attempts: _____

AUDITION/SUB-I ROTATION SERVICE

Internal Medicine General Surgery Family Medicine

DATES REQUESTING

1st choice- Start Date: _____ End Date: _____

2nd choice- Start Date: _____ End Date: _____

3rd choice- Start Date: _____ End Date: _____

1. Have you rotated at Mountain Vista Medical Center before? If so, when and which specialty?

2. Why are you interested in this specialty?

3. Why are you interested in our Program?

4. What distinguishes you from other applicants?

5. What kind of practice setting/location do you see yourself in after Residency?

6. Have there been any interruptions with your medical school education? If so, why?

ALL ROTATIONS ARE LIMITED TO 2 WEEKS, NO EXCEPTIONS

Completed application along with your CV should be sent to:

Ruben Ortiz, Sr. Medical Education Coordinator
Mountain Vista Medical Center
Department of Medical Education
1301 S. Crismon Road, Mesa, AZ 85209
(480) 373-2370-direct, (480) 373-2375-fax
ruben.ortiz@steward.org

Medical Education Use Only

Date Request Received by Office: _____

Approved: Yes No

Date MS Emailed: _____

PD Initial: _____

Notes: