



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: _____ DO School
 MD School

Graduation Date: _____ Class Rank: _____ GPA: _____

COMLEX1: _____ Attempts: _____ USMLE1: _____ Attempts: _____

COMLEX2: _____ Attempts: _____ USMLE2: _____ Attempts: _____

COMLEX3: _____ Attempts: _____ USMLE3: _____ Attempts: _____

AUDITION/SUB-I ROTATION SERVICE

(ONLY SELECT ONE PROGRAM)

Internal Medicine General Surgery Family Medicine

DATES REQUESTING (IN ORDER OF PREFERENCE)

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 in which specialty?

2. Why are you interested in this Residency Program?

3. *Why are you interested in our site (MVMC)?*

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 the designated program's coordinator:

Family Medicine
Sasha Garner
Medical Education Coordinator
(480) 358-6187
Sasha.Garner@steward.org

General Surgery
Ruben Ortiz
Sr. Medical Education Coordinator
(480) 373-2370
Ruben.Ortiz@steward.org

Internal Medicine
Melinda Lopez
Medical Education Coordinator
(480) 373-2376
Melinda.Lopez2@steward.org

Medical Education Use Only

Date Request Received by Office: _____

Approved: Yes No

Date MS Emailed: _____

PD Initial: _____

Notes: