

**STUDENT ROTATION REQUEST FORM**

DATE OF REQUEST:

NAME:

MAILING ADDRESS:

EMAIL: PHONE NUMBER:

MEDICAL SCHOOL: GRADUATION YEAR:

CAREER PLANS:

OTHER 4th-YEAR ELECTIVES:

COMLEX STEP 1/USMLE STEP 1 FIRST ATTEMPT SCORE:

COMPLEX STEP 2 CE/USMLE STEP 2 CK EXAM DATE: SCORE (if known):

REQUESTED ROTATION DATES (please rank 1st, 2nd, and 3rd choice): 4-WEEK OR 2-WEEK (please circle one)

BRIEFLY EXPLAIN YOUR TIES AND/OR INTEREST IN THE HAGERSTOWN, MD REGION:

WHY ARE YOU INTERESTED IN THE MERITUS FAMILY MEDICINE RESIDENCY PROGRAM?

ADDITIONAL COMMENTS:

Please return this form with your CV and personal statement to Julie Wilson, Program Coordinator, at [julie.wilson@meritushealth.com](mailto:julie.wilson@meritushealth.com) . Request packets that do not include all required information/documents,

will not be processed.