

## Sub-Internship Application

### Requirements:

- **Must be a 4<sup>th</sup> year medical student**
- **Student must provide a health assessment and PPD within the past 6 months**
- **Student must provide a up to date immunization record**
- **Must provide documentation of successful completion of a rotation in the same clinical area.**
- **Must include contact information for the hospital, DME, and specific faculty who supervised the rotation.**
- **A formal written statement formally requesting the rotation, with rotation expectation goals**

### Recommended:

- **A formal letter of introduction and reference from the Physician who you had your prior experience with in the area you are requesting.**

First Name:

Last Name:

Address Line 1:

Contact Number:

Address Line 2:

City:

State:

Zip:

Medical School:

Address Line 1:

Contact Number:

Address Line 2:

City:

State:

Zip:

Expected Graduation Date:

Type of Sub-Internship Requested:

Requested starting date of rotation:

Requested ending date of rotation:

Hospital Name where you completed your rotation:

Address Line 1:

Number:

Address Line 2:

City:

State:

Zip:

Hospital Director of Medical Education:

Contact Number:

Supervising Physician:

Contact Number:

Supervising Physician:

Contact Number:

Supervising Physician:

Contact Number:

***Required Attachments:***

- *Evaluation(s) of completed rotation(s) in requested area*
- *Letter of Good Standing from your Medical School*
- *Active affiliation agreement with Samaritan Medical Center and School*
- *School must provide a copy of active malpractice/liability certificate of insurance – minimum 1M/#M*

Comments: