



GRADUATE MEDICAL EDUCATION DEPARTMENT
Emergency Medicine Residency Program

Fourth Year Medical Student Application Form

Please Print

Today's Date: _____

Full Name: _____ Phone: _____

E-mail address: _____ Home address: _____

COMLEX 1 Score: _____ COMPLEX 2 Score: _____ PE Pass/Fail: _____ GPA: _____

USMLE 1 Score: _____ USMLE 2 Score: _____ CS Pass/Fail _____

Medical School: _____

Clerkship completed at: _____

Dean: _____ Dean's e-mail: _____ Dean's phone: _____

Emergency contact: Name _____ Phone _____

Geographic area where you plan to practice medicine: _____

Select rotation type: Audition _____ Core _____ Elective _____ Rotation/Specialty Requested: _____

Requested dates in order of preference: First Choice: From _____ To _____ Second Choice: From _____ To _____

Have you ever elected, or been asked/directed to leave any educational program and/or training prior to completion? Yes ___ No ___

Have you ever been suspended from an educational program and/or training? Yes ___ No ___

Have you ever pled guilty to or been convicted of a crime or offense other than a minor traffic violation? Yes ___ No ___

I hereby certify the information submitted on this form is complete and correct to the best of my knowledge.

Signature of Student

Date

To complete your application, please attach an updated Curriculum Vitae and your COMLEX score transcripts to this application and e-mail to vroantree@ghvhs.org. If accepted for an audition, please provide your TB screening and immunization records, and an Orientation packet will be sent to you with a post test to complete and send back.