



Garnet Health
MEDICAL CENTER

GRADUATE MEDICAL EDUCATION DEPARTMENT

General Surgery Residency Program

Fourth Year Medical Student Application Form

Please Print

Today's Date: _____

Full Name: _____ Phone: _____

E-mail address: _____ Home address: _____

COMLEX/USMLE 1 Score: _____ COMLEX 2-CE/USMLE 2CK Score: _____ 2-PE/2-CS Pass/Fail: _____

GPA: _____

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 a photo ID with your COMLEX or USMLE score transcripts and e-mail to Adriane Pratt at: apratt@garnethealth.org, GS Program Coordinator
If you are accepted for an audition, you will receive a confirmation email along with an Orientation packet and a list of items to be sent to the above email (an Orientation packet test, immunization forms).*