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 Johanna Toledo-Tyson at: SurgeryResidency@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).