Sampson Regional Medical Center
FAMILY MEDICINE ROTATION
VISITING RESIDENT APPLICATION

In order to be approved for a Family Medicine Residency rotation at Sampson Regional Medical Center, Intern must provide the following items with the completed application:

- ☐ Program Letter of Agreement (PLA)
- ☐ Letter of Good Standing and indicate approval of elective and elective dates.
- ☐ Proof of adequate malpractice insurance coverage, effective date and expiration date. Required amount of limits of liability, not less than $1,000,000 per incident/ $3,000,000 aggregate.
- ☐ Proof of personal hospitalization coverage in effect while visiting student is rotating at Sampson Regional Medical Center. A copy of personal health card is acceptable.
- ☐ Proof of current immunizations
- ☐ Curriculum Vitae
- ☐ Comlex Scores
- ☐ Goals, objectives and evaluation form for rotation

If you have any questions or concerns, please contact:

Sampson Regional Medical Center
Graduate Medical Education Office
Post Office Box 260 (28329-0260)
607 Beaman Street
Clinton, North Carolina 28328
910/596-5421
clbarefoot@sampsonrmc.org

Sampson Regional Medical Center
FAMILY MEDICINE RESIDENCY ROTATION
VISITING MEDICAL STUDENT APPLICATION

To Be Completed by Student: (Please Print or Type)

Name:		
Current Address:		
City:	State:	Zip:
Email Address:	DOB:	Phone:
Elective:		

DATES: FROM: _____ TO: _____

Alternate Date #2 FROM: _____ TO: _____

Alternate Date #3 FROM: _____ TO: _____

To Be Completed by Sampson Regional Medical Center, Graduate Medical Education

☐ Approved for Dates: FROM: / / TO: / /

☐ Disapproved: Reason:

Signature of Individual Approving Rotation Date

To Be Completed by Dean of Students (or Comparable Official):

Name of Medical School:			
Address:			
City:	State:	Zip:	Phone:

1. What will be the effective date of fourth-year status? _____
2. The student received training in OSHA Universal Precautions: Yes _____ No _____
3. The student will receive academic credit for the experience: Yes _____ No _____

I certify that the above student is in good academic standing and is approved to register for the requested rotation at Sampson Regional Medical Center.

Name: _____ Title: _____

Signature: _____ Date: _____

Return: Cheryl Barefoot
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