

**Sampson Regional Medical Center
DERMATOLOGY RESIDENCY ROTATION
VISITING MEDICAL STUDENT APPLICATION**

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

- Letter of Good Standing
- 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 Level 1 and 2, and Comlex Level 3 Scores required to be 600 and above. DO NOT APPLY IF SCORES ARE NOT 600 AND ABOVE.
- One week rotation
- Must be a 4th year medical student at time of rotation

If you have any questions or concerns, please contact:

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

**Sampson Regional Medical Center
DERMATOLOGY 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: _____
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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: _____

(AFFIX SCHOOL SEAL)

Return: Cheryl Barefoot
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