

Campbell University/ Sampson Regional Medical Center
Dermatology Residency Program
Visiting Medical Student Application for Rotation

To apply for a Dermatology Residency rotation at Sampson Regional Medical Center, students must provide the following items with the completed application:

- Letter of Good Standing from Medical School
- Proof of adequate malpractice insurance coverage, effective date, and expiration date. Required amount of limits of liability, no 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 insurance card is acceptable.
- Proof of current immunizations (primarily TB and Influenza)
- Curriculum Vitae
- All Comlex/USMLE scores

The rotations will be scheduled one week at a time, unless otherwise indicated.

Please note that it is a very competitive process to receive a rotation through our program due to our size and qualifications.

If you have any questions or concerns, please contact:

Cheryl Barefoot
Graduate Medical Education Office
clbarefoot@sampsonrmc.org
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: _____ DOB: _____ Phone: _____

Dates: From: _____ To: _____

Alternate Dates: From: _____ To: _____

Alternate Dates: From: _____ To: _____

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

Approved 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 received training in HIPPA: Yes ___ No ___
- 4) The student received COVID-19 and PPE use training: Yes ___ No ___
- 5) 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 Here)

**Please return to Cheryl Barefoot, Dermatology Program Coordinator at
clbarefoot@sampsonrmc.org**