



Surgical Audition Rotation Application*

Applications are due by 5/1

Contact Information

Name _____

Street Address _____

City ST ZIP Code _____

Cell Phone _____

E-Mail Address _____

Medical School _____

Date of Birth _____

SSN: (Required by HR) _____

Required Documents

Please be sure you have submitted the following documents along with your application:

- USMLE/COMLEX Step 1 Score Report(s)
- Medical School or ERAS Personal Statement
- CV listing pertinent clinical, research or volunteer experience
- Professional headshot for your badge if accepted

Surgical Audition Rotation Dates (July-January ONLY):

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Surgical Audition Rotation Preference (ACS/Trauma, SICU, Oncology):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

What are your scores?

USMLE: _____

Complex: _____

Have you failed any rotations or classes? Yes No

If yes, please indicate and describe:

Interest in Spartanburg Regional General Surgery Program

Tell us why you are interested in completing a Surgical Audition rotation at SRHS:

*An approval of a surgical audition rotation is not a guarantee of a letter of recommendation or an interview to enter the residency program.

Please include a copy of your CV, applicable test scores, personal statement, and a headshot with this form.

Please return this document via email to kimberly.harris@srhs.com.