



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?

If yes, please indicate and describe:

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 form via email to Maylon Millwood, mmillwood@srhs.com.**