



## OB/GYN Audition Rotation Application

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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)	_____

### Audition Rotation Dates (July-January ONLY)

1st Choice:

2nd Choice:

3rd Choice:

### 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.

**Tell us why you are interested in completing a OB/GYN Audition rotation at SRHS:**

**\*An approval of an OB/GYN 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](mailto:mmillwood@srhs.com).**