

MEDICAL STUDENT APPLICATION

Part I: To be completed by applicant.

Applicant's Name:

Rotation Requested:

Request Dates of Rotation - From: To:

Alternate Dates of Rotation - From: To:

E-mail Address: Date of Birth:

Cell Phone #: Scrub Size:

Have you been here before? Yes No

Are you applying for Residency in area? Yes No

Elective (Clinical / Research) Sub-I Core/Clerkship

Medical School:

Anticipated Grad Month/Year:

Home Address:

Person to contact in case of emergency:

Name: Phone:

Student Signature:

Part II: To be completed by home institution.

Applicant's Name:

The above-named applicant is requesting a rotation at Sinai Hospital. The following information is required:

1. **Academic year at the time of planned rotation:** 1 2 3 4
2. Completed Registration Form
3. Letter of Good Standing from the Medical School
4. Proof of Professional Liability Insurance
5. Copy of Personal Health Insurance Card
6. Proof of applicant having received HIPAA/ HITECH Act and OSHA Training
7. Proof of Immunization and laboratory titers
8. Proof of a flu vaccine for the current academic year
9. Proof of a clear criminal background check
10. Proof of a current negative drug screen
11. Current CV
12. USMLE/COMLEX Scores
13. Official Medical School Transcript mailed directly to our Medical Education Office
14. Copy of TOEFL score and Passport (**International Students**)

SIGNATURE OF SENDING PROGRAM'S CLINICAL DIRECTOR

Email to: Medical_Education@lifebridgehealth.org

**Sinai Hospital of Baltimore
Medical Education Office
2401 W. Belvedere Avenue
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Baltimore, MD 21215
Phone: 410-601-9720
Fax: 410-601-6308**

Approved:

Director Medical Education: _____ **Date:** _____
