



Audition Rotation Application & Agreement

☐ **Family Medicine**
☐ **Internal Medicine**

Contact Information

Student's Full Name
Street Address
City, State, Zip Code
Phone Number ()
Cell Number ()
E-Mail Address
Medical School
Medical School Contact & Title
Contact Phone Number ()
Expected Graduation Date

Person to Notify in Case of Emergency

Name
Address
City, State, Zip Code
Phone Number ()
Work Number ()
Cell Number ()
E-Mail Address

Documents needed from your school

All documents are needed to process and confirm your rotation request:

- _____ Affiliation **Agreement** between your school and Lake Cumberland Regional Hospital
(Include Name & Credentials/Title of Medical School signees on the Agreement)
- _____ Certificate **of Insurance** from school malpractice insurance policy.
- _____ Letter/email from school requesting rotation
- _____ Letter of Good Standing from the school
- _____ Proof of current immunizations to include TB, MMR, Varicella, Hepatitis B Series
- _____ Proof of COVID 19 Vaccination(s)
- _____ Proof of current Background Check/Drug Screen
- _____ Proof of current BLS & ACLS certification
- _____ Proof of HIPAA, OSHA and Bloodborne Pathogen training
- _____ Proof of student's current personal health insurance
- _____ CV
- _____ GPA

(Internal Medicine) 606-451-5093, E-mail Libbey.crowe@lpnt.net
 (Family Medicine) 606-451-5092, Edrie.jones@lpnt.net
 (Medical Student Coordinator) 606-451-5287, Lori.bradshaw@lpnt.net

_____ Board Score

Career & Training Plans

Will you tell us a brief description of your career plans? Why do you want to do a rotation at Lake Cumberland Regional Hospital?

When do you wish to rotate?

List dates requested in order of preference.

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

Agreement & Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as an audition student in a medical professional program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name (printed)
Student Signature
Date
School Representative (printed)
School Representative Signature
Date

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