LAKE CUMBERLAND
Regional Hospital
Residency Program

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 in order 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
_____ Board Score

Phone (Internal Medicine) 606-451-5093 · (Family Medicine) 606-451-5092. Fax 606-451-5087

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