AnMed Health
Medical Student Education
2000 East Greenville Street, Suite 5115 • Anderson SC 29621
864.512.4475 • Fax 864.512.4236

4th YEAR MEDICAL STUDENT ROTATION APPLICATION

Date: _____

Student Information:

Name:_____

Email: _____ Cell Phone: _____

Undergraduate: _____ Medical School: _____

USMLE I/COMLEX I Score: _____ USMLE II/COMLEX II Score: _____

Requested Rotation Dates: _____

Do you have any military obligations? □ Yes □ No If yes, please explain: _____

_____

Do you have any state practice obligations? □ Yes □ No If yes, please explain: _____

_____

Personal Statement:

Please tell us a little bit about yourself (hometown, interests, etc.). Why would you like to complete a Family Medicine rotation with the AnMed Health Family Medicine Residency program? Do you have any connections to Anderson or South Carolina? What about our program particularly interested you?

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