In order to be approved for a Dermatology Residency rotation at Sampson Regional Medical Center, students must provide the following items with the completed application:

- Letter of Good Standing

- Proof of adequate malpractice insurance coverage, effective date and expiration date. Required amount of limits of liability, not less than $1,000,000 per incident/ $3,000,000 aggregate.

- Proof of personal hospitalization coverage in effect while visiting student is rotating at Sampson Regional Medical Center. A copy of personal health card is acceptable.

- Proof of current immunizations

- Curriculum Vitae

- Comlex Level 1 and 2, and Comlex Level 3 Scores required to be 600 and above. DO NOT APPLY IF SCORES ARE NOT 600 AND ABOVE.

- One week rotation

- Must be a 4th year medical student at time of rotation

If you have any questions or concerns, please contact:

Cheryl Barefoot
clbarefoot@sampsonrmc.org
Graduate Medical Education Office
Post Office Box 260 (28329-0260)
607 Beaman Street
Clinton, North Carolina 28328
910/596-5421
To Be Completed by Student: (Please Print or Type)

| Name: |
| Current Address: |
| City: | State: | Zip: |
| Email Address: | DOB: | Phone: |

Elective:

**DATES:**

**FROM:** ____________________  **TO:** ____________________

**Alternate Date #2**

**FROM:** ____________________  **TO:** ____________________

**Alternate Date #3**

**FROM:** ____________________  **TO:** ____________________

To Be Completed by Sampson Regional Medical Center, Graduate Medical Education

- [ ] Approved for Dates:  **FROM:** / /  **TO:** / /
- [ ] Disapproved:  Reason:

**Signature of Individual Approving Rotation**  **Date**

To Be Completed by Dean of Students (or Comparable Official):

| Name of Medical School: |
| Address: |
| City: | State: | Zip: | Phone: |

1. What will be the effective date of fourth-year status?  ________________
2. The student received training in OSHA Universal Precautions:  Yes _____  No _____
3. The student will receive academic credit for the experience:  Yes _____  No _____

I certify that the above student is in good academic standing and is approved to register for the requested rotation at Sampson Regional Medical Center.

| Name: | Title: |
| Signature: | Date: |

(AFFIX SCHOOL SEAL)

Return:  Cheryl Barefoot  
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