

Campbell University/ Sampson Regional Medical Center
Dermatology Residency Program
Visiting Medical Student Application for Rotation

To apply for a Dermatology rotation at Sampson Regional Medical Center, students must provide the following items with the completed application:

- Letter of Good Standing from Medical School
- Proof of adequate malpractice insurance coverage, effective date, and expiration date. Required amount of limits of liability, no less than \$1,000,000 per incident/ \$3,000,000 aggregate
- Proof of current immunizations (**primarily TB and Influenza**)
- Curriculum Vitae
- **All** COMLEX/USMLE scores – must be received before scheduling can occur.
 - Minimum score requirements:
 - USMLE Step 1/COMLEX Level 1: Pass
 - USMLE Step 2/COMLEX Level 2: 260/700

Our application cycle will begin on **July 1st**.

Rotations will occur from **September through December** and will be scheduled in **one-week increments** unless otherwise specified.

Please note that it is a very competitive process to receive a rotation through our program due to our size and qualifications.

If you have any questions or concerns, please contact:

Amaya King
Graduate Medical Education Coordinator
Dermatology Residency
amking@sampsonrmc.org
(910) 596-5409

**Sampson Regional Medical Center
DERMATOLOGY ROTATION
VISITING MEDICAL STUDENT APPLICATION**

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: _____
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1. Date of fourth-year status _____
2. Student received training in OSHA Universal Precautions: Yes _____ No _____
3. Student received training in HIPPA, COVID, PPE use: Yes _____ No _____
4. 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 apply for the requested Dermatology rotation.

Name: _____ Title: _____

Signature: _____ Date: _____

Return:

Amaya King
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Dermatology Residency
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