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

To apply for a Dermatology Residency 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 personal hospitalization coverage in effect while visiting student is rotating at Sampson Regional Medical Center. A copy of personal health insurance card is acceptable.
- Proof of current immunizations (primarily TB and Influenza)
- Curriculum Vitae
- **All** COMLEX/USMLE scores

The rotations will be scheduled one week at a time, unless otherwise indicated.

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
Transitional Year 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:

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
GME Coordinator
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