

Harnett Health

Visiting Medical Student Application

In order to be considered for an audition rotation at Harnett Health, visiting students MUST when submitting the application:

- Be a 4th year medical student at the time of rotation
- Submit with the application
 - COMLEX Board Scores (original or certified copy from your medical school)
 - Original Medical School Transcript(s)
 - Curriculum Vitae

Once selected for a particular rotation, you will be contacted to complete further documentation requirements before you are finally approved for that rotation. Those additional requirements are:

- Proof of adequate malpractice liability insurance coverage, effective date and expiration date.
- Proof of personal hospitalization coverage in effect while visiting student is rotating at Harnett Health. A copy of personal health card is acceptable.
- Proof of current immunizations
- Criminal Background Check
- Drug Screen
- Completion of all onboarding/orientation materials
- Submission of an approved affiliation agreement between the visiting student's medical school and Harnett Health.

If you have any questions or concerns, please contact:

Harnett Health
Medical Education Office
PO Box 1706
800 Tilghman Dr
Dunn, NC 28335
(910)892-1000, ext 4107

Harnett Health

Visiting Medical Student Application

To Be Completed by Student: (Please Print or Type)

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ DOB: _____ Phone: _____

Rotation Elective Requested: _____

DATES: FROM: _____ TO: _____
Alternate Date #2 FROM: _____ TO: _____
Alternate Date #3 FROM: _____ TO: _____

To Be Completed by Harnett Health, 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 the fourth-year status? _____
2. 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 Harnett Health.

Name: _____ Title: _____

Signature: _____ Date: _____

(Affix School Seal)

Return completed application to:

Harnett Health
Medical Education Office
Post Office Box 1706
800 Tilghman Drive
Dunn, North Carolina 28335