



**Mercy Hospital – Fort Smith
Graduate Medical Education
Audition/Sub-Internship Rotation Request**

Please complete this form in its entirety to request your audition rotation. Incomplete applications will not be processed. **All applications must be received 60 days prior to the rotation request.** Any documents submitted within the 60-day window will automatically be rejected. Once your request is received, you will be notified via e-mail if your request has been approved and for which specific dates. Audition/Sub-I rotations are limited to 2 weeks only. *ROTATIONS ARE SUBJECT TO CANCELLATION IF MEDICAL SCHOOL DOCUMENTATION IS NOT RECEIVED WITHIN 30 DAYS OF YOUR START DATE.*

Visiting Trainee Information:

Last Name: _____ First Name: _____ Middle Initial: _____

DOB: _____ SS (xxx-xx-xxxx): _____

Gender: _____ Cell: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Institution: _____

Institution Address: _____

Institution Coordinator: _____ Coordinator Email: _____

Coordinator Phone #: _____

Employed or performed previous clinical with Mercy: _____ Yes _____ No

If yes, name at the time and Mercy Location: _____

Have you done an audition rotation at another facility: _____ Yes _____ No

Trainee Type: _____ Current Program Year: _____ Graduation Date: _____

Class Rank: _____ COMLEX I: _____ Attempts: _____

GPA: _____ COMLEX II: _____ Attempts: _____

(or scheduled date)

Rotation: _____ USMLE I: _____ Attempts: _____

Subspecialty or other, please list: _____ USMLE II: _____ Attempts: _____

(or scheduled date)

1st Choice: _____ 1st Choice End: _____

2nd Choice: _____ 2nd Choice End: _____

3rd Choice: _____ 3rd Choice End: _____



1. Have you rotated at Mercy Hospital Fort Smith before? If so, when, which specialty and who was your preceptor?

2. Why are you interested in Internal Medicine?

3. Why are you interested in our Program?

4. What distinguishes you from other applicants?

5. What kind of practice setting/location do you see yourself in after Residency?

6. Have there been any interruptions with your medical school education? If so, why?

Completed application along with your CV should be sent to:
Internal Medicine Residency Coordinator
Mercy Hospital – Fort Smith
2901 S. 74th St, Fort Smith, AR 72903
Phone: 479-573-3842 | Fax:479-314-4704
internalmedresfs@mercy.net



Medical Education Use Only

Date Request Received by Office: _____

Approved Yes No

Date Medical Student Emailed: _____

PD Initial: _____

Notes: _____

Audition Weeks Selection
Academic Year 22-23

2-week rotations

Week 1: August 1 – August 14th, 2022

Week 2: August 15 – August 28, 2022

Week 3: August 29 – September 11, 2022

Week 4: September 12 – September 25, 2022

Week 5: September 26 – October 9, 2022

Week 6: October 10 – October 23, 2022

Week 7: October 24 – November 6, 2022

Week 8: November 7 – November 20, 2022

Week 9: December 5 – December 18, 2022

Week 10: January 16 – January 29, 2023

1-month rotations with sub-specialists (including outpatient continuity clinic)

Month 1: August 1 – August 28, 2022

Month 2: August 29 – September 25, 2022

Month 3: September 26 – October 23, 2022

Month 4: October 24 – November 20, 2022

Month 5: January 16 – February 12, 2023