

**DEPARTMENT OF GRADUATE MEDICAL EDUCATION
615 SOUTH NEW BALLAS ROAD ST. LOUIS, MO 63141**

**THIS APPLICATION IS FOR ROTATION REQUEST AT: [MERCY HOSPITAL ST. LOUIS](#)
Sponsored by the Graduate Medical Education Residency Departments listed below
**GME is unable to offer observerships or sponsor externships for
International Medical Graduates & Students.****

(Please print & follow the directions carefully, incomplete forms will not be processed)
Please email application with all supporting documentation (Letter of Good Standing, Confidential Statement, Malpractice Insurance, Current PPD, FLU & COVID shot record).

- Visiting Medical Student Visiting Resident Visiting PA Visiting NP

PERSONAL DATA:			
Name:		Address:	
DOB:	Gender:	City/State/Zip:	
Social Security #:		Phone # (Best Contact):	
Email Address:		Emergency Contact (Name & phone #):	
Have you ever worked/ and/or Rotated at any Mercy Facility? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please indicate which Mercy Facility and Dates:			
Do you have other rotations requested or set up in the next 6 months at MERCY HOSPITAL ST. LOUIS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <u>If yes</u> , please indicate department and dates:			
EDUCATION:			
Undergrad University or College:			
Dates Attended:		Degree Awarded:	
Medical School:			
Date Entered:		Date Completed:	
Residency Training Hospital and Department:			
Current Level of Training:			
Missouri License #: _____ NPI#: _____ DEA#: _____			
Coordinator Name and Contact:			
ROTATION REQUESTED:	EXACT REQUESTED ROTATION DATES (XX/XX/XXXX-XX/XX/XXXX)	ROTATION REQUESTED:	EXACT REQUESTED ROTATION DATES (XX/XX/XXXX-XX/XX/XXXX)
OB/GYN		FAMILY MEDICINE Please Circle: Inpatient OR Outpatient	
CRITICAL CARE		INTERNAL MEDICINE Please Circle your Career Interest: Primary Care / Hospitalist / Fellowship	
EMERGENCY MEDICINE		OTHER: _____	