

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

**THIS APPLICATION IS FOR ROTATIONS 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 directions carefully, incomplete forms will not be processed)  
 Please email application with all supporting documentation (Letter of Good Standing, Confidentiality Statement, Malpractice Insurance certificate, and Dept specific items where applicable).

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 #):	
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:	REQUESTED MONTH/YEAR	ROTATION REQUESTED:	REQUESTED MONTH/YEAR
OB/GYN	____/____	FAMILY MEDICINE	____/____
CRITICAL CARE	____/____	INTERNAL MEDICINE	____/____
EMERGENCY MEDICINE	____/____	OTHER: _____	____/____

**Do you have other rotations requested or set up in the next 6 months at MERCY HOSPITAL ST. LOUIS?**

YES    NO   If yes, please indicate department and dates below:

Department: \_\_\_\_\_ Dates: \_\_\_\_\_ Rotation Confirmed by: \_\_\_\_\_

**Have you ever been employed by or rotated at ANY MERCY Hospital?**    YES    NO

**INTERNAL MEDICINE: Please circle your career interest:**   Primary Care   Hospitalist   Fellowship