

**Carolinas Medical Center
Department of Orthopaedic Surgery
Application for Orthopaedic Elective**

TO BE COMPLETED BY STUDENT:

Name: _____ Birthplace: _____

Address: _____ Phone Number: _____

City, State: _____ E-mail address: _____

Date of Birth: _____

Undergraduate Education College: _____

 Degree: _____

 GPA: _____

 Date of Graduation: _____

Undergraduate Awards/Honors:

Other Graduate Degrees:

Medical School Institution: _____

 Date Anticipated Graduation: _____

 USMLE SCORES (PLEASE PROVIDE A COPY) (PART I): _____

REQUESTED ELECTIVE DATES:

1st Choice: From: _____ To: _____

2nd Choice: From: _____ To: _____

3rd Choice: From: _____ To: _____

Medical School (Circle one)

Class Rank
Top 10%
Top 20%
Top 50%
Bottom 50%

Medical School Awards/Honors:

Research Experience:

Publications:

TO BE COMPLETED BY DEAN OF STUDENTS:

The medical student named above is in good standing at this institution. He/she will/will not pay tuition at our school during the period indicated. Malpractice/professional liability insurance does/does not cover the student away from our school. He/she is approved to take this course for credit/not for credit. At the conclusion of the course, an evaluation report will/will not be required. Our evaluation report is/is not attached.

Signature: _____ Title: _____

Medical School: _____

Telephone #: _____ Date: _____

ADDITIONAL INFORMATION:

Tuition will not be charged. Malpractice coverage is not available. Each student will receive meals tickets. Parking is available. School ID is required. Undergraduate and Medical school transcript is required. Also a copy of your immunization records are required.

To be completed by director of residency program, department of Orthopaedic surgery, CMC:
Elective dates approved: From: _____ To: _____

Signature: _____
Madhav Karunakar, MD – Director of Medical Students

Return to: Carolinas Medical Center
PO Box 32861
Charlotte, NC 28232
Attn: Sherry Weeks (sherill.weeks@carolinashealthcare.org)

**** Please note****

We accept a maximum of four students a month. Once your application is **complete** it will be reviewed. Once **approved**, you will be notified of the available of rotation month by email. The rotations are available yearly. Applications must be submitted a **minimum of four months** prior to desired rotation month.

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Hobbies/Interests:

Community/Volunteer Activities:

Orthopaedic Career Goals:

Why do you want to come to CMC for an elective in Orthopaedics?

Please assess yourself as compared to other medical students.