

## Internal Medicine Observership Request

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Check all that apply

☐ MD

☐ DO

USMLE or COMLEX Score \_\_\_\_\_

Why are you interested in rotating at Augusta Health?

Additional Documents Needed:

- CV
- LOR
- Medical School Diploma

**\*Office Use Only\***

Approved ☐

Denied ☐