

## AUDITION APPLICATION

### APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone:

Email:

### SCHOOL INFORMATION

COM Name:

Clinical Education Contact:

Phone:

Email:

Fax:

### PROGRAM INFO:

\*PLEASE NOTE THAT DUE TO THE COMPETATIVE NATURE OF SOME OF THE PROGRAMS  
, THE NUMBERS INDICATED BELOW BY DISPLINE ARE THE COMLEX I SCORE CUT OFF FOR THE PROGRAMS.

☐ *Emergency Medicine - 500*

☐ *Surgery - 500*

☐ *Radiology - 500*

☐ *Internal Medicine - 450*

☐ *Family Medicine*

☐ *Psychiatry*

### DATES REQUESTED:

CHOICE 1: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

CHOICE 2: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

### REQUIRED DOCUMENTS: PDF & WORD DOCUMENTS ACCEPTED

Comlex I Score :

Current Proof of Vaccinations (Inc. Current Flu & PPD)

Proof of Liability Insurance from your COM

CV (optional)

### ADDITIONAL INFORMATION/COMMENTS:

Refer to website as to where to submit this form or call 607-442-1713 for further direction.