



# Garnet Health

## MEDICAL CENTER

GRADUATE MEDICAL EDUCATION DEPARTMENT

INTERNAL MEDICINE RESIDENCY PROGRAM

### Outside Learner Application Form

Please Print

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

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home address: \_\_\_\_\_

COMLEX 1 Score: \_\_\_\_\_ COMPLEX 2 Score: \_\_\_\_\_ CS/PE Pass/Fail: \_\_\_\_\_ GPA: \_\_\_\_\_

USMLE 1 Score: \_\_\_\_\_ USMLE 2 Score: \_\_\_\_\_

Medical School: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Dean's e-mail: \_\_\_\_\_

Dean's phone: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Requested dates in order of preference: First Choice: From \_\_\_\_\_ To \_\_\_\_\_ Second Choice: From \_\_\_\_\_ To \_\_\_\_\_

Why are you interested in completing your audition at Garnet Health Medical Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever elected, or been asked/directed to leave any educational program and/or training prior to completion? Yes\_\_\_ No\_\_\_

Have you ever been suspended from an educational program and/or training? Yes\_\_\_ No\_\_\_

Have you ever pled guilty to or been convicted of a crime or offense other than a minor traffic violation? Yes\_\_\_ No\_\_\_

*I hereby certify the information submitted on this form is complete and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature of Student Date

To complete your application, please attach an updated Curriculum Vitae and your COMLEX/USMLE score transcripts to this application and e-mail to [IMResidency@garnethealth.org](mailto:IMResidency@garnethealth.org). If accepted for an audition, please provide your TB screening and immunization records, and an Orientation packet will be sent to you with a post test to complete and send back.