



**AULTMAN**  
ORTHOPAEDIC SURGERY

Aultman Hospital  
Graduate Medical Education Office  
Orthopaedic Surgery Audition Rotation Request Form

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School E-mail: \_\_\_\_\_

Medical School: \_\_\_\_\_ Class of: \_\_\_\_\_ GPA: \_\_\_\_\_

Preferred Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Alternate Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\*Please note that Orthopaedic Surgery rotations can be either 2 weeks or 4 weeks based on availability\*

COMLEX I Score: \_\_\_\_\_ COMLEX II CE Score: \_\_\_\_\_ Step 1 Score \_\_\_\_\_  
(or date scheduled)

Step 2 Score \_\_\_\_\_  
(or date scheduled)

YES NO

If available, do you need housing? \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_

Do you have malpractice insurance? \_\_\_\_\_

Present Address:

Medical School Coordinator Contact Info:

Address: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_

E-mail: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_

Please complete this form in its entirety to request an audition rotation. Incomplete applications will not be processed. Once your request is received, you will be notified via e-mail if your requests has been approved or denied. Rotations are subject to cancellation if all required documentation is not received at least 30 days prior to your start date. If you have any questions, please contact the Orthopaedic Surgery Residency Program Coordinator, Amanda Fouts, at 330-363-6856 or [Amanda.Fouts@aultman.org](mailto:Amanda.Fouts@aultman.org) \*\*Please note that a \$150 refundable deposit will be required to secure your rotation once you have agreed to your rotation dates. This deposit will be refunded when you arrive for your rotation or if you cancel your rotation with at least 30 days' notice. \*\*