Bethesda North Good Samaritan

TriHealth

APPLICATION FOR MEDICAL/PA STUDENTS & VISITING RESIDENTS/FELLOWS

Last Name	First Name	Middle Initia	al
Street Number & Name	City	State	Zip Code
Cell	Email	DOB	Last 4 of SSN
Emergency Contact Name & .	Phone #		
Medical/PA School Name			
MS/PA Year:	Graduation Date:	Degree (to be) Awa	arded:
USMLE I: USM		CX I: COMLEX	K II:
School Coordinator Nam	e:		
School Coordinator Sign	ature:		
Professional Liability Insurar	nce:		
Insurance Carrier Name:			
Rotation Dates Requested:	First Choice:	Second Choice:	
TI	ird Choice:		
Elective Interest:			
*TRIHEALTH APPROVAL	: (Residency Program Director,	Dept. Chair, Preceptor, Supervis	sing Physician, etc.)
APPROVED (Y/N):	_Printed Name/Title:		
Signature:			
	<u>Please Return Comp</u> *Preceptor/Supervising Physici Kerry Hatfield, GME -Medic	an/Department Chair AND	

Kerry Hatfield, GME -Medical Student Coordinator Good Samaritan Hospital – Graduate Medical Education 375 Dixmyth Avenue, Cincinnati, Ohio 45220 513-862-2255 kerry_hatfield@trihealth.com