



Please fill out the following information below and send to Heather Gottfried (GME coordinator) at [heather.gottfried@uvmhealth.org](mailto:heather.gottfried@uvmhealth.org) for your consideration as a rotating medical student in Dermatology. Please also attach a copy of your CV, test scores, and any additional information you would like us to consider when selecting applicants to rotate in the our department. Additional information about our clinic and program is available on the UVM Dermatology Residency website.

Full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Permanent address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Home institution: \_\_\_\_\_

Home institution address: \_\_\_\_\_  
\_\_\_\_\_

Home rotation coordinator name and contact information: \_\_\_\_\_  
\_\_\_\_\_

Year of graduation: \_\_\_\_\_

Step 1/COMLEX score(s): \_\_\_\_\_

Hobbies/interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired away rotation dates and duration: \_\_\_\_\_