

## **Des Moines Medical Center**

## 2026 Audition Application for Medical Student/Fellow Rotation

Personal Information				
Name (include Middle initial)				
Date of Birth				
Mailing Address				
Last 4 Social Security #				
Telephone number				
Email Address				
Program of Interest	Reside	encies: Family	Medicine 🔲 Internal Medicir	ne General Surgery Psychiatry
	Fellow	/ship: Cardiolo	pgy	
Medical Education/Students				
College/University				
School Contact info (name, phone, email)				
Third/Fourth year student				
GPA/Class Rank (if known)				
International medical students must be a				
audition rotation. Additionally, only interr certification will be considered for an aud			ents irom scrioois listed as	s eligible for ECFING
Medical Education/Fellows				
Residency Program				
Program Contact info (name, phone, en	mail)			
	ling	Date/include	e # of attempts	Score
Licensure Exam (Pass or Fail, includi	ling	Date/include	e # of attempts	Score
Licensure Exam <i>(Pass or Fail, includi</i> <i>Physical Exam)</i> USMLE/COMLEX 1	ling	Date/include	e # of attempts	Score
Licensure Exam (Pass or Fail, includi Physical Exam) USMLE/COMLEX 1 USMLE/COMLEX 2	ling	Date/include	e # of attempts	Score
Licensure Exam (Pass or Fail, includi Physical Exam) USMLE/COMLEX 1 USMLE/COMLEX 2	ling	Date/include	e # of attempts	Score
Licensure Exam (Pass or Fail, includi Physical Exam) USMLE/COMLEX 1 USMLE/COMLEX 2 Other exams:	ling		e # of attempts	
Licensure Exam (Pass or Fail, including Physical Exam)  USMLE/COMLEX 1  USMLE/COMLEX 2  Other exams:  MercyOne Rotations (previously)	ling	Date/include	e # of attempts	Score
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Licensure Exam (Pass or Fail, including Physical Exam) USMLE/COMLEX 1 USMLE/COMLEX 2 Other exams:  MercyOne Rotations (previously Completed/Scheduled)		Date		Faculty
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