AUDITION APPLICATION			
APPLICANT INFORMATION			
Name:			
Current address:			
City:	State:		ZIP Code:
Phone:	Email:		
SCHOOL INFORMATION			
COM Name:			
Clinical Education Contact:		Phone:	
Email:			Fax:
PROGRAM INFO: *PLEASE NOTE THAT DUE TO THE COMPETATIVE NATURE OF SOME OF THE PROGRAMS , THE NUMBERS INDICATED BELOW BY DISPLINE ARE THE COMLEX I SCORE CUT OFF FOR THE PROGRAMS.			
☐ Emergency Medicine - 500	☐ Radiology - 550		
☐ Internal Medicine - 450	☐ Family Medicine		Psychiatry
DATES REQUESTED:			
CHOICE 1: / / TO	<u>, </u>	CHOICE 2: _	_//TO//
REQUIRED DOCUMENTS: PDF & WORD DOCUMENTS ACCEPTED			
REQUIRED D	OCUMENTS: PDF & WO	ORD DOCUMENTS	ACCEPTED
STEP I Score:	OCUMENTS: PDF & WO		ACCEPTED accinations (Inc. Current Flu, Covid
-	OCUMENTS: PDF & W	Current Proof of Va	
STEP I Score: Proof of Liability Insurance from your COM	OCUMENTS: PDF & WO	Current Proof of Vavaccine) Current CV	

Refer to website $\frac{\text{https://www.arnothealthgme.org/student-auditions}}{\text{direction.}}$ as to where to submit this form or call 607-442-1713 for further direction.