

Addendum to Residency Application for MUSC PGY1 Residency Programs

Please complete the following form, and submit as a PDF document in PhORCAS no later than December 31st of the application year.

List all APPE Rotations in Chronological Order, INCLUDING those yet to be completed. For those upcoming rotations, please complete to the best of your ability. If you don't know the answer to a question, just type N/A.

Please state the number of intern hours you have completed to date (outside school requirements): _____

- 1) Rotation Name: _____
- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
 - Month/Dates: _____
 - Duration of Rotation in Weeks: # _____
 - Total number of days attended # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

- 2) Rotation Name: _____
- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
 - Month/Dates: _____
 - Duration of Rotation in Weeks: # _____
 - Total number of days attended : # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

3) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

4) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

5) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

6) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

7) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

8) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

9) Rotation Name: _____

• Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)

• Month/Dates: _____

• Duration of Rotation in Weeks: # _____

• Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

10) Rotation Name: _____

• Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)

• Month/Dates: _____

• Duration of Rotation in Weeks: # _____

• Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

11) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information:

12) Rotation Name: _____

- Type/Category of Rotation: _____ (eg: Institutional, Ambulatory, Acute Care)
- Month/Dates: _____
- Duration of Rotation in Weeks: # _____
- Total number of days attended: # _____ 50% or more time spent in clinical activities

Description of Activities including number of patients followed, activities, duties, projects, in-services, or other applicable information: