

Audition Application

Trinity Health Livonia Hospital

Student Information

Name: _____ Expected Graduation Date: _____

Email: _____ Cell Phone: _____

School: _____

Audition Information

Please List in Order of Preference

Your Audition Date Preferences (Please note, Auditions rotations begin in August):

1: _____ 2: _____

3: _____ 4: _____

Psychiatry Area of Interest (Rotations we offer: Consults, Psychiatry ER (PES), Inpatient, or Outpatient). Please note, rotation consist of 2 weeks of each area of interest rotation.

1: _____ 2: _____

3: _____ 4: _____

Needed Attachments

Please Submit the following

 USMLE/COMLEX Scores CV Letter(s) of good standing

GME USE ONLY

 Approved Denied

Rotation Date Approved: _____

Email Sent to Applicant: _____