

*Carolinas Medical Center - NorthEast
Concord, North Carolina*

REGISTRATION FORM FOR VISITING STUDENTS/RESIDENTS

(please print legibly)

Name: _____ Rotation Dates: _____

Please specify your status:

Medical Student

PA Student

CRNA Student

Resident

NP Student

Home Address: _____

Cell #: _____ Date of Birth: _____

E-Mail Address: _____ Supervising Physician: _____

Medical/PA/NP/CRNA School: _____ Graduation Date: _____

In case of Emergency please notify:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

I hereby certify that I will abide by the Medical Staff Bylaws, Rules and Regulations and policies of Carolinas Medical Center NorthEast (CMC - NorthEast). I also agree to wear a CMC - NorthEast badge with "Student/Resident" noted thereon.

Signature: _____ Date: _____