

Rowan Regional Medical Center  
Salisbury, North Carolina

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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Rotation Dates: \_\_\_\_\_

Rotation Facilities:

- Rowan Regional Medical Center
- Julian Road Outpatient Surgery Center
- Rowan Regional Medical Center Pain Clinic

Name of Supervising Physician(s): \_\_\_\_\_

Supervising Physicians Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

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Status of NC License and Number if available: \_\_\_\_\_

Medical Professional School and Graduation Date: \_\_\_\_\_

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Training Program Attending: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

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Malpractice Insurance Carrier: \_\_\_\_\_

(Please have the school fax a current copy to 704-210-5506)