



# Application for Residency Rotation

## Application Instructions:

1. Please be sure to complete all sections of the application.
2. Please include updated version of Curriculum Vitae (CV).
3. Attach any additional documents at the end of the application.

Completed applications may be mailed to Arkana Laboratories at:

10810 Executive Center Drive, Suite 100, Little Rock, AR 72211

or submitted electronically at [visitors@arkanalabs.com](mailto:visitors@arkanalabs.com)

For any questions, please call Joel D. Murphy, MD at (501) 604.2695 or visit our website at [www.arkanalabs.com](http://www.arkanalabs.com)

## Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Training Period For Which Applying: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Personal Information:

Other/Preferred Names: \_\_\_\_\_

Present Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Primary email: \_\_\_\_\_ Secondary email: \_\_\_\_\_

Residency Program: \_\_\_\_\_ ☐ AP/CP ☐ AP only

Residency Year: ☐ PGY 1 ☐ PGY 2 ☐ PGY 3

Are you currently in possession of a valid visa or other legal authorization to work in the United States?

☐ Yes ☐ No ☐ Not Applicable

If yes, please specify type: \_\_\_\_\_

How did you hear about this opportunity?

☐ Arkana website ☐ Fellowship Fair ☐ Social Media ☐ Other: \_\_\_\_\_