



## Rotation Application

### Personal Information (please print)

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle Initial*

Current Address \_\_\_\_\_  
*Street City State ZIP*

Permanent Address \_\_\_\_\_  
*Street City State ZIP*

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

College \_\_\_\_\_ Class of \_\_\_\_\_

### Rotations Requested (all rotations require personal transportation)

| Rotation   | Begin Date | End Date | Preferred Physician (if known) |
|--|------------|----------|--------------------------------|
| 1)   |            |          |                                |
| 2)   |            |          |                                |
| 3)   |            |          |                                |
| 4)   |            |          |                                |
| If the above rotation is not available, please substitute with the following rotation. |            |          |                                |
| 1)   |            |          |                                |

The Medical Education Office requires the following information **prior** to scheduling your rotation (we reserve the right to cancel your rotation without this information):

- Rotation Application     
  Letter of Good Standing from School     
  Immunization Record  
 Malpractice Coverage     
  CV     
  Copy of Certifications

### Housing

Do you need housing?       Yes    No       Male    Female

Housing cost is \$100 per person per month and must be paid upon arrival. Payment methods include cash, check, or bank card. Housing is subject to availability.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(DME Signature)

\_\_\_\_\_  
(Date)