



## **Medical Student Rotation Request Application**

Please complete this form to request your student rotation and submit to <u>ishearer@aviva.health</u>. Completing the request form does not guarantee a rotation; space is limited. Additional hospital clearance documents are required once your rotation is approved.

Aviva Health & CHI Mercy Health

Roseburg Family Medicine Residency

	Today's Date:	
PERSONAL INFORMATION		
Name:	Preferred Gender Pronc	uns:
Current Address:	City:	State: Zip:
Cell Phone:	Email:	
MEDICAL SCHOOL INFORMATION		
Medical School Name / Campus Location:		
Medical School Coordinator/Point of Contact at	School:	
School Coordinator's Contact Info – Phone:	Email:	
Current Status:3 <sup>rd</sup> -Year Student	4 <sup>th</sup> -Year Student Expected Gradua	tion Date:
If you are graduating this year, what specialty(s)	) are you interested in applying to fo	r residency?
Have you taken/passed your board exams? Y /	N Did you pass your exam(s) o	n your first attempt?Y / N
Board Scores: USMLE Step 1 Step 2 0	CK COMLEX Level 1_	Level 2 CE
ROTATION REQUEST INFORMATION		
Please select your preferences below and indicate Rotations must be at least 4 weeks in length. If	-	-
This rotation request is for an: 3 <sup>rd</sup> Year El		2 .
Requested Rotation ( <i>circle one</i> ): FM (outpatien		
Requested Dates – First Choice:	Second Choice:	Third Choice:
Have you rotated through Aviva Health (former	ly Umpqua Community Health Cente	r Clinic) before? Y / N
If yes, list month/year and provider:		

Have you completed any rotations in Roseburg (or surrounding areas)? Y / N

If yes, list the rotation and site/preceptor(s):\_\_\_\_\_\_

## LINKS TO OREGON OR ROSEBURG

Please indicate if you have any ties to Roseburg, the surrounding Umpqua region or to Oregon.

Aviva Health Policy prohibits observership/shadowing of any kind at all affiliated clinic sites. For more information, refer to the policies online: <u>http://aviva.health/rfmr-medical-students/</u>