



## **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<br>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>