



## Medical Student Rotation Request Application

Please complete this form to request your student rotation and submit to [lmartinson@umpquachc.org](mailto:lmartinson@umpquachc.org). Completing the request form does not guarantee a rotation; space is limited. Additional hospital clearance documents are required once your rotation is approved.

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Preferred Gender Pronouns: \_\_\_\_\_

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

If you are graduating this year, what specialty(s) are you interested in applying to for residency? \_\_\_\_\_

Have you taken/passed your board exams? Y / N Did you pass your exam(s) on your first attempt? Y / N

Board Scores: USMLE Step 1 \_\_\_\_\_ Step 2 CK \_\_\_\_\_ COMLEX Level 1 \_\_\_\_\_ Level 2 CE \_\_\_\_\_

### ROTATION REQUEST INFORMATION

Please select your preferences below and indicate alternative choices/dates. See website for set rotation dates. Clinical Rotations must be at least 4 weeks in length. If you are requesting an exception to the dates or length please note that.

This rotation request is for an: \_\_\_\_\_ 3<sup>rd</sup> Year Elective \_\_\_\_\_ 4<sup>th</sup> Year Elective \_\_\_\_\_ 4<sup>th</sup> Year Sub-Internship Rotation

Requested Rotation (*circle one*): FM (outpatient) FM Sub-I (outpatient & inpatient) Pediatrics Women's Health

Requested Dates – First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

Have you rotated through Aviva Health (*formerly Umpqua Community Health Center 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.

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