

**JOHN C. LINCOLN MEDICAL CENTER
MEDICAL STUDENT ROTATION REQUEST**

Please complete this form in its entirety to request your rotation. Incomplete applications will not be processed. All requests must be submitted at least 60 days prior to the start date of the rotation. Once your request is received you will be notified by e-mail if your request has been approved. *ROTATIONS ARE SUBJECT TO CANCELLATION IF SCHOOL DOCUMENTATION IS NOT RECEIVED WITHIN 30 DAYS OF YOUR START DATE.*

Name: _____ E-Mail: _____

Home Address
City/State/Zip _____

DOB: _____ Cell Phone: _____

Class Rank: _____ GPA: _____
Class of: 2017 2018 _____

COMLEX I: _____ COMLEX II: _____ COMLEX PE: _____

USMLE Step I: _____ USMLE Step II: _____ USMLE Step III: _____

Medical School Information

School Name: _____

Student Coordinator: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

<u>ROTATION SERVICE</u>	<u>DATES REQUESTED</u>	<u>AUDITION</u>
	Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 WEEK AUDITION ROTATIONS ARE ALLOWABLE

Please note, Emergency Medicine & ICU are 4th year rotations only.
Complete and Return to Vicki Francies, Medical Education Coordinator
HonorHealth John C. Lincoln
Medical Education Program
250 E. Dunlap Avenue, Phoenix, AZ 85020
O: (602) 870-6060 x2696 F: (602) 216-5615
GSResidency@HonorHealth.org

Medical Education Use Only

Date Request Received by Office: _____

Approved: Yes No

Date Entered onto Schedule: _____

Date Received School Packet: _____

Notes: