ELECTIVE AND SELECTIVE ROTATION REQUEST FORM (ESR)

West Virginia School of Osteopathic Medicine – Central East Region Adrienne
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SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS

PLEASE MAKE SURE YOU FILL OUT THIS FORM COMPLETELY, OTHERWISE YOUR SWC WILL NOT BE ABLE TO PROCESS YOUR REQUEST

STUDENT INFORMATION

Student Name:_____Class Year:_____
Cell Phone:_____WVSOM Email:_____

ROTATION INFORMATION

Elective ☐ IM2 ☐ IM3 ☐ Surg2 ☐ Surg3 ☐ FM2 ☐ Peds2 ☐ Vacation ☐ Stookey ☐
International Vacation or Rotation ☐
Students traveling abroad must complete the Export Control documents thirty days prior to departure. Please click on the following link to access the forms. https://www.projects-abroad.org

Rotation/Specialty:_____Start Date:_____End Date:_____

I need housing: Yes ☐ No ☐ If housing is NOT available, I still want the rotation: Yes ☐ No ☐
NOTE: WVU Housing may not be used for fourth year student rotations in West Virginia, unless the student is a member of the RHI program.

PRECEPTOR INFORMATION *This section may be left blank for hospital-based rotations where the preceptor is not assigned in advance.*

Preceptor Name:_____ Degree:_____
Phone Number:_____Fax Number:_____
Address:_____
City:_____State:_____Zip Code:_____
Preceptor Email:_____

HOSPITAL/CLINIC INFORMATION *Must be completed so that SWC can confirm an affiliation agreement is in place.*

Hospital/Clinic Name:_____
Contact Person:_____Email:_____
Phone Number:_____Fax Number:_____
Address:_____
City:_____State:_____Zip Code:_____
If you will be rotating at multiple facilities, list the primary facility above and include the names of other facilities and contact person(s)/email(s) in an email to your SWC staff.

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND RETURNED TO WVSOM CONTACT LISTED ABOVE

Is housing available for the student? Yes ☐ No ☐ by marking "YES" you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Letter of Good Standing to:_____Title:_____

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN: APPROVED ☐ DENIED ☐

SIGNATURE:_____DATE:_____