

ELECTIVE AND SELECTIVE ROTATION REQUEST FORM (ESR)

West Virginia School of Osteopathic Medicine – Central West Region

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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: _____