West Virginia School of Osteopathic Medicine- Eastern Region
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ELECTIVE AND SELECTIVE ROTATION REQUEST FORM (ESR)

SECTION 1 – 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 the request.

STUDENT INFORMATION

Student Name: _____ Class Year: _____

Cell Phone: _____ WVSOM E-mail: _____

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 go to https://www.projects-abroad.org to access the forms.

Rotation/Specialty: _____

Start Date: _____

End Date: _____

Do you need housing:

Yes ☐

No ☐

If housing is NOT available, do you 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 E-mail: _____

HOSPITAL/CLINIC INFORMATION

Must be completed so that SWC can confirm an a iliation 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 the other facilities and contact person(s) in an email to your SWC sta .

SECTION II – To be completed by Preceptor, DME, or Designee and returned to WVSOM Contact Listed Above.

Is housing available for the student?

- ◯ Yes (by marking "YES" you are confirming that the student will have housing for the dates of this clerkship as listed in Section 1.
- ◯ No

Send Letter of Good Standing to: _____Title: _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED STUDENT HAS BEEN:

- ◯ APPOVED
- ◯ DENIED

SIGNATURE: _____DATE: _____