



OUT OF STATE STUDENT ROTATION REQUEST FORM (MS4 ONLY)

DATE: _____

NAME: _____

MEDICAL SCHOOL: _____

DATES OF ROTATION: _____

ROTATION (Please circle up to two from our list of eligible rotations for consideration):

PULM HEM/ONC NEURO ICU (CRITICAL CARE) NEPHRO

Please list what Complex Exams and numerical score and pass/fail where applicable for the exams you have completed:

Complex 1 _____ Complex 2 CE _____ Complex 2 PE _____ Complex 3 _____

Why are you applying for this rotation? What is your interest in Swedish Covenant Hospital?

TO BE COMPLETED BY MEDICAL SCHOOL

Please verify that student above is currently in good academic standing at your institution.

Please place school seal

_____ here to verify information

Authorizing School Official

Date

above is valid

TO BE COMPLETED BY SWEDISH COVENANT HOSPITAL:

_____ APPROVED _____ DENIED

DOCUMENTS PROCESSED:

Malpractice _____

Medical Education Dept Representative

Immunizations _____

Letter of Good Standing _____