



Edward Via College of Osteopathic Medicine Request to Attend Non-Core Clinical Rotations Form

Students must complete Part 1 of this form, and the non-core rotation site must complete Part 2. Upon completion, please send the completed form and a copy of the supervising/evaluating physician's current medical license to the L U H F O W R o l l o w . G The Director will notify the student of approval/denial.

\$ P D Q G D 6 F K Z L H Q L Q J
Director of 4th Year & O L R o t a t i o n s
DVFKZLHQLQJ@DEXUQ.vcom.edu

Part 1 (completed by the student):

Student Name:

Student Email Address:

Student Phone Number:

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5 H T X H V a t i o n G S H F L D O W \

Rotation Start Date:

Rotation End Date:

Part 2 (completed by the non-core host site):

Site Name:

Supervising/Evaluating Physician (name, MD/DO)

Is the Physician an Attending at the Site (i.e. not a resident)?:

Current Medical License Attached?

Site Address:

6 W U H H W \$ G G U H C i t y

State

Zip

6 L W H Email Address:

6 L W H S u p e r

6 L W H Fax Number:

6 L C o n t a c t (n a m e) :

Signature of Supervising/Evaluating or Host Site Director

Date: