



ARROWHEAD REGIONAL MEDICAL CENTER
Office of Graduate Medical Education

CUSM 4th YEAR MEDICAL STUDENT ROTATION REQUEST

*Please complete this form to request your rotation.
Once your request is processed, you will be notified via email if your regarding your request.*

TODAY'S DATE: _____

PERSONAL INFORMATION

Name:			
DOB:		Last 4-Digits SSN:	
Email:		Contact Phone:	
Step One Board Score (Required):		Step Two Board Score (if available):	

MEDICAL SCHOOL INFORMATION

School Name: California University of Science and Medicine (CUSM)
School Coordinator:
Coordinator's Email:

ROTATION REQUESTED: (Please indicate up to 1st, 2nd, 3rd, 4th & 5th choice disciplines)

MSIV:	CUSM CORE SUB-I Rotations needed for Graduation:
	<input type="checkbox"/> IM – MICU (4 Week) <input type="checkbox"/> GS – SICU (2 Week) <input type="checkbox"/> Family Med.– Inpatient <input type="checkbox"/> Psych <input type="checkbox"/> General Surgery <input type="checkbox"/> Pediatrics <input type="checkbox"/> IM – TSS <input type="checkbox"/> Neurology <input type="checkbox"/> OBGYN <input type="checkbox"/> Emergency Medicine
	Electives, Auditions, and Non-Core SUB-I:
	<input type="checkbox"/> IM – TSS <input type="checkbox"/> IM – MICU <input type="checkbox"/> IM – Cardiology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Orthopedics <input type="checkbox"/> OBGYN <input type="checkbox"/> General Surgery <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Psych (AUDITION only)
	<input type="checkbox"/> Family Med.– Inpatient <input type="checkbox"/> Family Med. – Outpatient <input type="checkbox"/> PM & R <input type="checkbox"/> EM Ultrasound <input type="checkbox"/> EMS <input type="checkbox"/> EM Research <input type="checkbox"/> GS-Vascular Surgery
	<input type="checkbox"/> IM – Nephrology (Nephrology Only Available for the following start dates: 6/14, 7/12, 8/9, 9/6, 10/4, 11/1, 11/29, 12/27, 1/24, 2/21, 3/21, 4/18, 5/16)
Limited Availability, subject to change and approval:	
<input type="checkbox"/> IM-GI <input type="checkbox"/> IM-ID <input type="checkbox"/> IM-Hem/Onc <input type="checkbox"/> Neurology <input type="checkbox"/> Clinical Radiology <input type="checkbox"/> GS – SICU <input type="checkbox"/> Burn/SICU <input type="checkbox"/> ENT <input type="checkbox"/> Anesthesia <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Clinical Informatic <input type="checkbox"/> Pathology <input type="checkbox"/> GME Well-Being and Leadership <input type="checkbox"/> GME Health Care Disparities <input type="checkbox"/> Other (please specify) _____	

Will this Rotation be a/an: Elective SUB-I Audition CUSM Required Core SUB-I

Days Off Needed: _____

(Ex: Board Exams, Campus Days, etc., NO HOLIDAYS. All days off requested are PENDING APPROVAL BY SERVICE)

ROTATION DATES REQUESTED:

*Rotations start every Monday and 4 weeks long, unless otherwise specified.
If your 1st choice of rotation dates is unavailable; up to 5 additional dates will be considered.*

1st:	2nd:	3rd:
4th:	5th:	6th:

COMPLETE AND RETURN APPLICATION TO: Medical Student Coordinator at medstudents@armc.sbcounty.gov

BELOW FOR OFFICE USE ONLY:

(CUSM)

Date Request Received by GME: _____

Approved: YES \ NO