



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:	<p>CUSM CORE SUB-I Rotations needed for Graduation:</p> <p>_____ IM – MICU (4 Week) _____ GS – SICU (2 Week) _____ Family Med.– Inpatient _____ Psych _____ General Surgery</p> <p>_____ Pediatrics _____ IM – TSS _____ Neurology _____ OBGYN _____ Emergency Medicine</p>
	<p>Electives, Auditions, and Non-Core SUB-I:</p> <p>_____ IM – TSS _____ IM – MICU _____ IM – Cardiology _____ Pediatrics _____ Orthopedics _____ OBGYN</p> <p>_____ General Surgery _____ Emergency Medicine _____ Neurosurgery _____ Psych (AUDITION only)</p> <p>_____ Family Med.– Inpatient _____ Family Med. – Outpatient _____ PM & R _____ EM Ultrasound _____ EMS</p> <p>_____ EM Research</p> <p>_____ IM – 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)</p>
	<p>Limited Availability, subject to change and approval:</p> <p>_____ IM-GI _____ IM-ID _____ IM-Hem/Onc _____ Neurology _____ Clinical Radiology _____ GS – SICU</p> <p>_____ Burn/SICU _____ ENT _____ Anesthesia _____ Ophthalmology _____ Clinical Informatic _____ Pathology</p> <p>_____ GME Well-Being and Leadership _____ GME Health Care Disparities _____ Other (please specify) _____</p>

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