ROCHESTER REGIONAL HEALTH
MEDICAL EDUCATION OFFICE
RIEDMAN CAMPUS
100 Kings Hwy South, Suite 2525
Rochester, NY 14617
GraduateMedical.Education@rochesterregional.org

RRH Rotation Request Form

Thank you for your interest in rotations with Rochester Regional Health! Complete this form in its entirety and send to GraduateMedical.Education@rochesterregional.org for review. For resident/fellow or Sub-I rotation requests, please include a copy of your CV and a letter of interest.

Please note that we do not accept observerships or shadowing experiences.

Full Name: _____ Date: _____

Last *First* *M.I.*

Cell Phone: _____ Email: _____

Home Institution/School: _____

Are you an RRH employee: _____

Rotator Type: □ Med Student □ PA Student □ NP Student □ Resident/Fellow □ Other: _____

Rotator Year: _____ Institution/School Coordinator: _____

Coordinator Phone: _____ Coordinator Email: _____

Rotation Information

First Choice: _____ □ Selective □ Elective □ Senior Capstone □ Sub - I
Specialty

1st Preferred Start Date: _____ End Date: _____

2nd Preferred Start Date: _____ End Date: _____

Second Choice: _____ □ Selective □ Elective □ Senior Capstone □ Sub - I
Specialty

1st Preferred Start Date: _____ End Date: _____

2nd Preferred Start Date: _____ End Date: _____

SUB-I Rationale

All SUB-I requests require a statement explaining the reason for interest in RRH and the specific program. _____

I certify that the above information is correct to the best of my knowledge at the date of this request. I also understand that completing this form does not guarantee an offer of placement by Rochester Regional Health.

Signature: _____ Date: _____