

### 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](mailto: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: \_\_\_\_\_

Rotator Type:  Med Student  PA Student  Resident/Fellow  Other: \_\_\_\_\_

Rotator Year: \_\_\_\_\_ Institution/School Coordinator: \_\_\_\_\_

Coordinator Phone: \_\_\_\_\_ Coordinator Email: \_\_\_\_\_

### Rotation Information

**First Choice:** \_\_\_\_\_  Selective  Elective  Senior Capstone  Sub - I  
*Specialty*

1<sup>st</sup> Preferred Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2<sup>nd</sup> Preferred Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Second Choice:** \_\_\_\_\_  Selective  Elective  Senior Capstone  Sub - I  
*Specialty*

1<sup>st</sup> Preferred Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2<sup>nd</sup> Preferred Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Additional Information

When requesting a Sub-I within the system, the student must affirm they are interested in applying to our residency program by checking yes below.

Yes, I affirm  No, I do not affirm

**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: \_\_\_\_\_