ROCHESTER REGIONAL HEALTH
MEDICAL EDUCATION OFFICE
RIEDMAN CAMPUS
100 Kings Highway South, Suite 2525
Rochester, NY 14617
graduatemedical.education@rochesterregional.org

RRH ROTATION REQUEST FORM v.9.2026

Thank you for your interest in rotations with Rochester Regional Health! Send this completed form to graduatemedical.education@rochesterregional.org. For resident/fellow and Sub-I/Audition rotation requests, please include a copy of your CV and complete the statement on the last page. Please note that we do not accept observerships or shadowing experiences. This form does not guarantee a rotation. Rotations will be approved via email by the Medical Education Office. Rotation requests within 4 weeks of start date will not be approved.

Date:_____ Full Name:_____

Are you an RRH employee? (circle one) YES NO

Cell Phone:_____Email:_____

Rotator Type: ☐ Med Student ☐ PA Student ☐ NP Student ☐ Resident ☐ Fellow
☐ Podiatry Student ☐ Optometry student ☐ CRNA Student ☐ Other_____

Home Institution/School:_____

Rotator Year/PGY level:_____

Institution/School Coordinator:_____

Coordinator Email:_____

First choice type:
☐ Elective ☐ Senior Capstone ☐ Sub-I ☐ Selective ☐ Audition Family Med Residency

Name/Location:_____

1st Preferred Start Date:_____End Date:_____

2nd Preferred Start Date:_____ End Date:_____

Second choice type:
☐ Elective ☐ Senior Capstone ☐ Sub-I ☐ Selective ☐ Audition Family Med Residency

Name/Location:_____

1st Preferred Start Date:_____End Date:_____

2nd Preferred Start Date:_____ End Date:_____

Resident/Fellow and SUB-I/Audition Request Rationale

These requests require a statement explaining the reason for interest in RRH and the specific program requesting the rotation in.

Statement:_____
_____
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Signature of resident/fellow/student_____

END.