

APPLICATION FOR ROXBOROUGH MEMORIAL HOSPITAL ROTATION ELECTIVE ROTATION ONLY

Name

Current Street Address

City State Zip Code

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Telephone number

Alternate Telephone number

e-mail address

Permanent Residence:

Permanent Street Address

City State Zip Code

Medical School

Year of Graduation

ROTATION REQUESTS

First Choice Start Date End Date

Second Choice Start Date End Date

Chairman Approval of Rotation Department/Division Date

Director of Medical Education Approval Date

All applicants are reminded that:

- Written confirmation from your school, including malpractice coverage and proof of immunization must be received prior to starting your rotation.
- You are required to report to the DME Office before the completion of your rotation.
- A valid I.D. from your school must be worn while you are on PCOM rotation.

Mail all information to:

Director of Medical Education
Philadelphia College of Osteopathic Medicine
4190 City Avenue
Philadelphia, PA 19131

For more information, call
(215) 871-6690
or (800) PST-GRAD.

