PCOM
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

APPLICATION FOR ELECTIVE ROTATION
Ophthalmology

Name E-mail Address

Current Street Address

City State Zip Code

( ) - ( ) -

Cell Phone Number Alternate Telephone Number

Medical School Year of Graduation

DATE REQUEST

	1st Choice	2nd Choice	3rd Choice
Start Date	_____	_____	_____
End Date	_____	_____	_____

PURPOSE OF ROTATION

_____ Audition Rotation _____ Non-Audition Rotation

Email completed application to:

Silina Garrett
Email: silinaga@pcom.edu

For more information, contact:

Silina Garrett
Residency Program Coordinator
Graduate Medical Education
Philadelphia College of Osteopathic Medicine
4190 City Avenue, Suite 409
Philadelphia, PA 19131
Phone (215) 871-6169
Fax (215) 871-6695