



PHILADELPHIA COLLEGE OF
OSTEOPATHIC MEDICINE

APPLICATION FOR ELECTIVE ROTATION INTERNAL MEDICINE OR INTENSIVE CARE UNIT (ICU)

Name _____ E-mail Address _____

Current Street Address _____

City _____ State _____ Zip Code _____

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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

_____ Internal Medicine _____ Intensive Care Unit (ICU)

_____ Audition Rotation _____ Non-Audition Rotation

Email completed application to:

Kimberly Jones
Email: KimJo@pcom.edu

For more information, contact:

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