

# APPLICATION FOR ELECTIVE ROTATIONS

Date: \_\_\_\_\_

Please Print

Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone number ( ) \_\_\_\_\_ Alternate Telephone number ( ) \_\_\_\_\_

Permanent Residence: \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ MS3 \_\_\_\_\_ PGY Level \_\_\_\_\_

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_ MS4 \_\_\_\_\_

## ROTATIONS REQUEST(S)

(Please specify 1st, 2nd, 3rd, etc. choice)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anesthesia        | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Geriatrics           |
| <input type="checkbox"/> General Surgery   | <input type="checkbox"/> Pulmonary Medicine | <input type="checkbox"/> Nephrology           |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Radiology          | <input type="checkbox"/> Otolaryngology (ENT) |

Ist Choice      2nd Choice      3rd Choice

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

All applicants are reminded that:

- Written confirmation from your medical school, including malpractice coverage and proof of immunization must be received prior to starting your rotation.
- A valid I.D. from your school must be worn while you are on a PCOM rotation.

The DME Office will return a copy of this application to the student upon approval or denial of your acceptance.

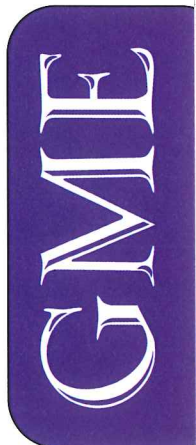
Fax completed application (or e-mail) to:

Fax (215) 871-6350  
email: gme@pcom.edu  
For more information, call  
(215) 871-6789  
or (800) PST-GRAD.

Please see page 2 for additional rotations not scheduled by the PCOM GME Office.

Your request may take 5 business days to process

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



**Elective Rotations Available Not Scheduled by the PCOM GME Office**  
**Please contact the individuals below:**

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**ANESTHESIA:**

Heart of Lancaster  
Ann Rickert  
717-625-5646

**EMERGENCY MEDICINE:**

Albert Einstein Medical Center  
[emresidency@einstein.edu](mailto:emresidency@einstein.edu)

**ENDOCRINOLOGY:**

Jeffrey Freeman, DO  
215-871-1916

**FAMILY MEDICINE:**

Suburban Family Medicine at Norristown  
Tanya Ray  
610-275-7240 ext. 109  
[TRay@merceyhealth.org](mailto:TRay@merceyhealth.org)

**GI:**

Steven Lichtenstein, DO  
Donna Byrnes  
610-534-6270

Per Donna: Student must do I/M Rotation  
before they can do this rotation

**HEMATOLOGY/ONCOLOGY:**

Dr. David Henry  
215-829-6513

Student must apply through the university of Penn  
website at: [www.med.upenn.edu/visitingstudents/](http://www.med.upenn.edu/visitingstudents/)

**NEUROLOGY:**

Joseph Lubeck, DO  
610-667-0278

**NEUROSURGERY:**

Steven Yocom, DO  
VSAS-Cooper Medical  
School of Rowan University

**FOR IM AND SUB-SPECIALTIES AT  
CHESTNUT HILL HOSPITAL:**

Melissa Hinds  
215-8265  
[Melissa\\_Hinds@chs.net](mailto:Melissa_Hinds@chs.net)

**OMM:**

Alexander Nicholas, DO  
Mary Wilson  
215-871-6482

**OMM FAMILY PRACTICE:**

Dr. Lipton  
610-667-4601

**OPHTHALMOLOGY:**

E-mail the PCOM Residents at [pcomoph@gmail.com](mailto:pcomoph@gmail.com)  
Place "Rotation Request" in the subject line – please  
note the requested dates with your contact information.

**PEDIATRICS:**

Rosemary Vickers, DO  
215-871-1800

**PSYCHIATRY:**

Belmont Behavior  
Barbara Albany  
215-581-5425

**PULMONARY:**

Daniel Ginsburg, DO  
John Simelaro, DO  
Michael Venditto, DO  
Fatima Daniels  
215-871-6791  
[fatimafo@pcom.edu](mailto:fatimafo@pcom.edu)

**UROLOGY:**

Phillip Ginsberg, DO  
Terry or Gwen  
215-456-1177

Student must also contact: Roni Smith @ Albert Einstein  
for paperwork: 215-456-5140 (Fax 3529)

**RHEUMATOLOGY:**

Tom Whalen, DO 610-446-4409, Bryn Mawr Hospital  
David Chesner, DO 215-657-6776, Abington  
Robert Kimelheim, DO 215-242-1224

**VASCULAR SURGERY:**

Gregory Domer, MD  
610-499-0400  
Crozer-Chester Medical Center