



Elective Rotation Application

Please complete and email to electiverequests@dmc.org, allow 30 days for processing. Leaving areas blank will cause a delay and/or denial of your application.

Contact Information

Today's Date:	
Student Name:	
Email Address:	
Phone Number:	Male <input type="checkbox"/> Female <input type="checkbox"/>

Medical School information

Medical School Name:	
Medical School Coordinator's Name:	
Coordinator Email:	Phone #:
Medical School Year :	
Third Year <input type="checkbox"/>	Fourth Year <input type="checkbox"/>

Available Rotations

Four Weeks Only: Anesthesiology, Emergency Medicine, Gastroenterology, Internal Medicine Inpatient, Medical Intensive Care Unit, Nephrology, Neurosurgery Pulmonary Medicine, Rheumatology, Surgery General, Surgical ICU, Trauma Surgery, Vascular Surgery, Cardiovascular Surgery, Sports Medicine, EM Ultrasound

Two or Four Week: Allergy/Immunology, Medical Oncology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Palliative/Hospice Care, Physical Medicine & Rehabilitation, General Radiology, Urology, Breast Imaging, Interventional Radiology, Diagnostic Radiology, Cardiothoracic Surgery

Desired Rotation

	Name of Rotation/Location	Start Date	End Date	Audition Rotation
First Choice				Y/ N
Second Choice				Y/N
Third Choice				Y/N