



Huron Valley Elective Rotation Application

Please complete and email to electiverequests@dmc.org, please put HVSH in the subject line allow 14 business days for processing. Leaving areas blank or not adding HVSH in the subject line will cause a delay and/or denial of your application.

Student Name:			
Email Address:			
Phone Number:		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>

Medical School information

Medical School Name:			
Coordinator's Name:			
Coordinator Email:		Phone #:	
Medical School Year :	Third Year <input type="checkbox"/>	Fourth Year <input type="checkbox"/>	
Is this for an elective or audition rotation?	Elective <input type="checkbox"/>		Audition <input type="checkbox"/>
Comlex Score:	USMLE Score:		

Available Rotations

Four Weeks (Six weeks by request)
 Internal Medicine Sub I, Medical Intensive Care Unit, Gastroenterology, Emergency Medicine, Cardiology, Infectious Disease, Geriatrics, Anesthesia, Pain Management, Nephrology, Podiatry, Pediatric out-patient.
Please note that this application is for rotations at HVSH only

Desired Rotation

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