DMC
DETROIT MEDICAL CENTER

Pediatric Elective 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:	
School Email Address:	
Phone Number:	Male☐ Female☐

Medical School information

Medical School Name:	
Medical School Coordinator's Name:	
Coordinator Email:	Phone #:
Current Medical School Year : Third Year☐ Fourth Year☐	

Children's Hospital of Michigan Four Week Pediatric Rotations

Anesthesiology, Emergency Medicine, Endocrinology, Gastroenterology, General PEDS Audition, Genetics Hematology Oncology, Infectious Disease, Neonatal ICU, Neurology, Neurosurgery, Otolaryngology, Pediatric ICU, PM&R Plastic Surgery, Pulmonary, Radiology, Surgery

Desired Rotation

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