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**STUDENT ROTATION REQUEST FORM (MS4 ONLY)**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditions are only available July to November; rotations are only for four week periods and must be in line with the hospital’s block dates below:

|  |  |  |  |
| --- | --- | --- | --- |
| **7/27/20-8/23/20** | **8/24/20-9/20/20** | **9/21/20-10/18/20** | **10/19/20-11/15/20** |

**Application submission deadline is March 31st, 2020**

ROTATION (Please circle up to two from our list of eligible rotations for consideration):

 PULM HEM/ONC ICU (CRITICAL CARE) NEPHRO EM

Please list what COMLEX Exams and numerical score and pass/fail where applicable for the exams you have completed: COMLEX 1\_\_\_\_\_\_\_\_\_\_ COMLEX 2 CE\_\_\_\_\_\_\_\_\_\_ COMLEX 2 PE\_\_\_\_\_\_

Why are you applying for this rotation? What is your interest in Swedish Covenant Hospital?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TO BE COMPLETED BY MEDICAL SCHOOL**

Please verify that student above is currently in good academic standing at your institution.

 Please place school seal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ here to verify information

Authorizing School Official Date above is valid

**TO BE COMPLETED BY SWEDISH COVENANT HOSPITAL**:

\_\_\_\_\_ APPROVED \_\_\_\_\_\_DENIED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Education Dept Representative

**Return to Medical Education- 5145 N. California Ave, Chicago, IL 60625****/** auditions@schosp.org