

Student Name: _____ **Class Year:** _____
Date Submitted: _____ **ID Number:** _____

All information is required. Incomplete forms will be returned. This form is due no less than thirty (30) days prior to the anticipated rotation start date.

Rotation Requested: _____ **Rotation Month:** _____

Hospital/ Clinical Site: Name: _____
City & State: _____

Point of Contact:

Name: _____ Title: _____
Phone: (Office) _____ Fax: _____
E-Mail: _____

Preceptor:

Name: _____ Title: _____
Phone: (Office) _____ Phone: (Type:) _____
E-Mail: _____
AOA/AMA No.: _____ License #: _____

In making your selection we would like you to explain your choice prior to approval.

_____ [please attach if you require additional lines]

Submission of this request does not constitute approval. Plans for travel or housing should not be made until the student is in receipt of the signed copy of this form indicating approval.

Signature of the Student Date: _____

Signature of DME/ Preceptor/ Elective Faculty Approved Declined Date: _____

Signature of the Dean Approved Declined Date: _____
Dr. Kenneth Steier, Executive Dean
Dr. Martin Levine, Clinical Dean-Harlem

Submit Requests to:

Middletown Campus
Ashley Wittens, Student Coordinator,
E-mail: ashley.wittens@touro.edu

Harlem Campus
Cynthia Figueroa, Student Coordinator,
E-mail: cynthia.figueroa2@touro.edu

Recorded on New Innovations: _____