

# Medical Student Rotation Request Application

Please complete this form and email it to McKenna Fritz at [fritzm@ohsu.edu](mailto:fritzm@ohsu.edu). Submitting this application does not guarantee a rotation. Additional documents will be requested upon acceptance.

## **Personal Information**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

## **Medical School Information**

Medical School Name: \_\_\_\_\_

School Location: \_\_\_\_\_

School Coordinator's Contact Info: Phone \_\_\_\_\_ Email \_\_\_\_\_

Status at Time of Rotation:  3<sup>rd</sup> Year  4<sup>th</sup> Year

## **Rotation**

Have you rotated at Sky Lakes Medical Center before? Choose an item. \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Have you rotated in Klamath Falls before? Choose an item. \_\_\_\_\_

If so, where and when? \_\_\_\_\_

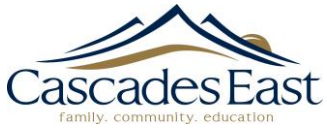
Preferred Dates for Rotation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any connections to Oregon or Klamath Falls? \_\_\_\_\_

\_\_\_\_\_



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### **Questions**

Please tell us why are you are interested in rotating at our program (Cascades East Family Medicine Residency).

Why are you interested in rural family medicine?