



Edward Via College of Osteopathic Medicine Request to Attend Non-Core Clinical Rotations Form

Students must complete Part 1 of this form and the non-core rotation site must complete Part 2. Upon completion, please send the completed form and a copy of the supervising/evaluating physician's current medical license to the L U H F W R B W G. The Director will notify the student of approval/denial.

0 D U \ % U L Q N H U K R I I
Director of 4th Year & O L R d t a f i n s
P E U L Q N @ H U C R v c b m . e d u

Part 1 (completed by the student):

Student Name:

Student Email Address:

Student Phone Number:

, D W W H V W W K D W W K L V S K \ V L F L D Q L V Q R W D I D P L O V L ä D ... L

Part 2 (completed by the non-core host site):

Site Name:

Supervising/Evaluating Physician (name, MD/DO)

Is the Physician an Attending at the Site (i.e. not a resident)?: