

JOHN C. LINCOLN MEDICAL CENTER  
MEDICAL EDUCATION  
**MEDICAL STUDENT ROTATION REQUEST**

Please complete this form in its entirety and include your CV to request your rotation. Incomplete applications will not be processed. All requests must be submitted at least 60 days prior to the start date of the rotation. Once your request is received you will be notified by e-mail if your request has been approved. *ROTATIONS ARE SUBJECT TO CANCELLATION IF SCHOOL DOCUMENTATION IS NOT RECEIVED WITHIN 30 DAYS OF YOUR START DATE.*

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address  
City/State/Zip \_\_\_\_\_

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

Class Rank: \_\_\_\_\_ GPA: \_\_\_\_\_

Class of: ☐ 2018 ☐ 2019

**COMLEX Minimum Score is 550**

COMLEX I: \_\_\_\_\_ COMLEX II: \_\_\_\_\_ COMLEX PE: \_\_\_\_\_

USMLE Step I: \_\_\_\_\_ USMLE Step II: \_\_\_\_\_ USMLE Step III: \_\_\_\_\_

**Medical School Information**

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

Student Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

<u>ROTATION SERVICE</u>	<u>DATES REQUESTED</u>	<u>AUDITION</u>
	Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: _____ End Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*4 week audition rotations or preferable, 2 week audition rotation may be considered on an individual basis.*

**Please note, SICU is a 4<sup>th</sup> year rotation only**

**Complete and Return this form with your CV to Vicki Francies, Program Coordinator**

HonorHealth John C. Lincoln Medical Center  
General Surgery Residency Program  
250 E. Dunlap Avenue, Phoenix, AZ 85020  
O: (602) 870-6060 x2696 F: (602) 216-5615  
vicki.francies@honorhealth.com

*Medical Education Use Only*

Date Request Received by Office: \_\_\_\_\_

Approved: ☐ Yes ☐ No

Date Entered onto Schedule: \_\_\_\_\_

Date Received School Packet: \_\_\_\_\_

Notes: