

For office use only:
Rotation Approval Date: _____ Approved by: _____ Date Student Notified: _____

Rotation Start Date: _____ Rotation Site: _____



LECOM Medical Student Elective Rotation Application

Please complete one **individual application for each rotation** you are requesting and return this form to the LECOM Student Affairs Office. **Email to: Student Affairs Manager at dvery@wpahs.org or fax to 412-457-0255.**

Completed forms must be received **EIGHT (8)** weeks prior to the start of the requested rotation for consideration.

Name: _____ Last 4 digits of Social Security Number: _____

Address: _____ City, State, Zip _____

Cell Phone number: _____ Email address: _____

Requested rotation in order of preference: 1 _____ 2 _____
3 _____ 4 _____

First choice dates: From: _____ to _____

Alternate choice dates: From: _____ to _____

AHN Hospital Facility request in order of preference*: (please number 1, 2, 3, etc.)

**Preferences considered but not guaranteed.*

No Preference _____ Forbes _____ Allegheny General _____ West Penn _____ Allegheny Valley _____ Jefferson _____

Have you rotated with Allegheny Health Network previously? Yes/No _____

If so, what facility? _____ Date of last AHN rotation? _____

Have you had EPIC electronic medical records training at AHN? Yes/No _____ Training Mth/Yr: _____

Have you had SUNRISE electronic medical records training at AHN? Yes/No _____ Training Mth/Yr: _____

Will you need parking? Yes/No _____ Please provide vehicle information:

Make _____ Model _____ Year _____

Color _____ State of registration _____ License plate number _____

Signature: _____ MS Year: _____ Date: _____

Do not send any other documentation with this application (i.e.: immunization records, letter of good standing, etc.). Once you have been accepted at AHN for your rotation, you will notify LECOM to send all the required documentation.

**** PLEASE NOTE** ALLEGHENY HEALTH NETWORK IS UNABLE TO OFFER HOUSING TO ROTATING LECOM STUDENTS DUE TO LACK OF AVAILABILITY.**