

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 Nicole.Klaus@AHN.org or fax to 412-457-0255.** Completed forms must be received **TEN (10) WEEKS** weeks prior to the start of the requested rotation for consideration.

Name:	Scrub Size
Address:	City, State, Zip
Cell Phone number: S	School Email address:
Requested rotation in order of preference: 1_	2
Is this for Residency Consideration? 3_	4
First choice dates: From:	to
Alternate choice dates: From:	to
What LECOM rotation does this fulfill? Elec_	MSSSPCSR/U
AHN Hospital Facility request in order of prefer	ence:
(Please number 1, 2, 3, etc.) Preferences conside	red but not guaranteed.
No Preference Forbes Allegheny General	West Penn Allegheny Valley Jefferson
Signature:	Grad. Year: Date:
BELOW IS FOR NON-CLINICAL CAMPUS	STUDENTS ONLY
Have you rotated with Allegheny Health Netwo	ork previously? Yes/No
If so, what facility?	Date of last AHN rotation?
Have you had EPIC electronic medical records	s training at AHN? Yes/No Training Mth/Yr:
Will you need parking? Yes/No Plea	ase provide vehicle information:
Make Model	Year
Color State of registra	ation License plate number

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.

LECOM Student Affairs Office, Forbes Hospital, 2550 Mosside Boulevard, Suite 500, Monroeville, PA15146.