

Student Rotation Interest Form

****IMPORTANT****

Please allow five (5) business days from your submission for the Program's consideration of your request. If selected, the VHS Clerkship Coordinator will contact the designated Medical School Coordinator for confirmation that an Affiliation Agreement is on file. The student application packet will be processed until a confirmed Agreement is on file.

All Interest forms/applications must be submitted a minimum of sixty (60) days prior to the requested start date of the clerkship. Please do not schedule any travel until you have been notified of clearance by the GME Office.

Student Name _____
Last First MI
 Student Email _____ Phone _____

Medical School Name _____ Medical School Year 3rd 4th

Clinical Coordinator Contact Information:
 Name _____ Email _____

Phone _____

Program Rotation of Interest - Please check one (1) Facility/Program

Valley Health System	
Emergency Medicine	
Family Medicine	
General Surgery	

Valley Hospital	
Family Medicine	
Internal Medicine	
Neurology	
Orthopedic Surgery	

Dates of Requested Rotation

1st Choice	Start Date		End Date	
2nd Choice	Start Date		End Date	
3rd Choice	Start Date		End Date	

Please return the following items with the Interest Form:

- Student CV
- Personal Statement
- USMLE and/or COMLEX Transcript

Return the completed Interest Form and supporting documentation to:

Valley Hospital GME

Graduate Medical Education Attn: Tiffany Bartholomew

620 Shadow Lane, Las Vegas, NV 89106

or via email

Tiffany.Bartholomew@uhsinc.com

Clerkship Use Only:

Program Approval/Denial

Initial _____

Date _____

Clinical Coordinator Notified

Initial _____

Date _____