



Aultman Hospital
Graduate Medical Education Office
Orthopaedic Surgery Elective Rotation Request Form

Name: _____ Cell Phone: _____

Date of Birth: _____ School E-mail: _____

Medical School: _____ Class of: _____ GPA: _____

Preferred Dates: Start Date: _____ End Date: _____

Alternate Dates: Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Please note that Orthopaedic Surgery rotations can be either 2 weeks or 4 weeks based on availability

COMLEX I Score: _____ COMLEX II CE Score: _____ Step 1 Score _____
(or date scheduled)

Step 2 Score _____
(or date scheduled)

YES NO

If available, do you need housing? _____

Do you have health insurance? _____

Do you have malpractice insurance? _____

Present Address:

Medical School Coordinator Contact Info:

Address: _____

Name: _____

City: _____

Phone: _____

State: _____

E-mail: _____

Zip Code: _____

Fax: _____

Please complete this form in its entirety to request an elective rotation. Incomplete applications will not be processed. Once your request is received, you will be notified via e-mail if your requests has been approved or denied. Rotations are subject to cancellation if all required documentation is not received at least 30 days prior to your start date. If you have any questions, please contact the Orthopaedic Surgery Residency Program Coordinator, Diane Little, at 330-363-6794 or Diane.Little@aultman.com.