



Edward Via College of Osteopathic Medicine

Request to Attend Non-Core Clinical Rotations Form

Students must complete Part 1 of this form, and the non-core rotation site must complete Part 2. Upon completion, please send the completed form and a copy of the supervising/evaluating physician's current medical license to the Director listed below. The Director will notify the student of approval/denial.

April Watson
Director of 4th Year Clinical Rotations
awatson@carolinas.vcom.edu

Part 1 (completed by the student):

Student Name:

Student Email Address:

Student Phone Number:

I attest that this physician is not a family member nor do I have a personal relationship with them.
Initial

Requested Rotation Specialty:

Rotation Start Date:

Rotation End Date:

Part 2 (completed by the non-core host site):

Site Name:

Supervising/Evaluating Physician (name, MD/DO):

Is the Physician an Attending at the Site (i.e. not a resident)?:

Current Medical License Attached?

Site Address:

Street Address

City

State

Zip

Site Email Address:

Site Phone Number:

Site Fax Number:

Site Contact (name):

Signature of Supervising/Evaluating or Host Site Director

Date: