

# Edward Via College of Osteopathic Medicine Eastern Virginia

**Dear prospective fourth-year student,**

Thanks so much for your interest in rotating in Eastern Virginia during your fourth year at VCOM. We would be sincerely excited to have you.

## Rotations

Attached to this letter, you will find a rotation request form for our site that shows the disciplines we currently offer in our region. After reviewing the form, please indicate which disciplines you are interested in and when you would be willing to do them. For example, if you would like to request rotations in Cardiology *and* Endocrinology during periods 16 and 17, consider checking 16 and 17 for *both* disciplines. The more flexible you are with your schedule, the more options we have in accommodating you. Include any additional information you would like us to know in the space provided. Reach out to Kimberly to explore options to make the most of your period 20 rotation. Also, bear in mind that that period 25 only applies to students on an altered degree plan. If you wish to complete an audition rotation with one of the residencies, please contact the program manager *directly* using the information provided.

There will be a wait time between when you first request a rotation and when we can confirm it. However, we want to assure you that we have not forgotten anyone. As preceptors respond with their schedules for the coming year, you may get confirmations as soon as March or as late as June; we thank you in advance for your patience. When a preceptor or practice has agreed to take you, we will send you an email approving the rotation. Due to the large number of rotation requests, we will not send out status updates; you will only hear from us if your rotation has been approved or denied. If you want to amend your request, please submit a new form with your revised requests as soon as possible.

## Housing

VCOM housing is available, and requests are fulfilled on a first-come, first-served basis. If you have requested housing, you will receive a *separate* email about availability. If housing is available, you will also receive an email with details about your stay a few weeks prior to the start of your rotation(s). If housing isn't available, Kimberly may have a list of other options.

Please return your form to Kimberly by email (preferably) or in person. Most importantly, remember that preference is given to students with flexible schedules who submit early. Do not hesitate to contact Dr. Elliott or Kimberly if you have any comments, questions, or concerns.

We look forward to hearing from you and best wishes on the rest of your academic year!

**Joy Elliott, DO**

Dr. Joy Elliott, DSME

**Kimberly Wilson**

Kimberly Wilson, Site Coordinator





# EASTERN VIRGINIA ROTATION REQUEST FORM (CLASS OF 2023)

For each of your requested disciplines, please indicate all of the periods in which you would be willing to do the rotation. Please fill out the form *carefully*.  
Rotation spots are limited; preference will be given to early requesters and flexible schedules.

Name \_\_\_\_\_ Email address \_\_\_\_\_ Phone # \_\_\_\_\_ Check here to request housing

## Audition Rotations

Emergency Medicine Contact Stephanie Powell: (757) 612-7200 | [stephanie.powell@rivhs.com](mailto:stephanie.powell@rivhs.com)  
Family Medicine Contact Kathleen Hundley: (757) 594-3890 | [kathleen.hundley2@rivhs.com](mailto:kathleen.hundley2@rivhs.com)  
OB-GYN Contact Rochelle Chassells: (757) 594-4737 | [denise.chassells@rivhs.com](mailto:denise.chassells@rivhs.com)

## Medical Selectives

	Period	13	14	15	16	17	20	21	22	23	24	25
Allergy/Immunology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Medicine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology/Oncology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalist Medicine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine (outpatient)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatology/NICU		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Medicine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Surgical Selectives

	Period	13	14	15	16	17	20	21	22	23	24	25
Anesthesiology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Surgery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Emergency Medicine & Electives

	Period	13	14	15	16	17	20	21	22	23	24	25
Emergency Medicine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacology*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation/Oncology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Starred rotations are only offered for **two weeks**. Period 25 is only for students on an ADPOS.

## Additional Considerations

If there are other things that you need to communicate to us, please do so in the box below. Examples would include: the specialty you plan to match into, a period 19 rotation, two-week rotation requests, rotation with off-schedule dates, special personal circumstances, an altered degree plan, etc. While we will try to accommodate you, **WE CANNOT MAKE ANY GUARANTEES**.

Please return this form by email to Kimberly Wilson: Email: [kmwilson@vcom.edu](mailto:kmwilson@vcom.edu) | Phone: (757) 329-6100