

# Eastern Virginia

Dear prospective fourth-year student,

Thanks so much for your interest 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 all 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 a rotation. For example, if you would like to request rotations in Cardiology *and* Endocrinology during Periods 16 and 17, check 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. Bear in mind that we only offer rotations during the first two weeks for Period 20, and that Period 26 is only available for students on an altered degree plan.

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 confirming the rotation. **Due to the large number of rotation requests, we will not be able to 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

**Limited** housing is available for rotations completed within the Riverside Healthcare System, 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, the email will also include details about your stay. You will need to find other lodging arrangements for rotations completed through VCOM's other healthcare partners (TPMG, Sentara, the military, etc...)

Please return your form to me by email (preferably) or in person. We will also accept it by fax or mail. Most importantly, remember that preference is given to students with flexible schedules who submit early. Do not hesitate to contact Dr. Elliott or me 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 FOURTH-YEAR ROTATION REQUEST FORM

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 # \_\_\_\_\_

## Medical Selectives

Period	14	15	16	17	18	20*	22	23	24	25	26	Need housing?	
												Y	N
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"/>	UNAVAILABLE	
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"/>	<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"/>	UNAVAILABLE	
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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine (Out)	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Audition Rotations

Emergency Medicine	Contact Michelle Perry: (757) 612-7200   <a href="mailto:michelle.perry2@rivhs.com">michelle.perry2@rivhs.com</a>
Family Medicine	Contact Kathleen Hundley: (757) 594-3890   <a href="mailto:kathleen.hundley2@rivhs.com">kathleen.hundley2@rivhs.com</a>
OB-GYN	Contact Rochelle Chassells: (757) 594-4737   <a href="mailto:denise.chassells@rivhs.com">denise.chassells@rivhs.com</a>

## Additional Considerations

If there are other things that you need to communicate to us, please do so in the box below. Examples would include: your intended specialty post-graduation, two-week rotations, rotations that overlap dates with a Professional Development week, special personal circumstances, an altered degree plan, etc. While we will try to accommodate you, WE CANNOT MAKE ANY GUARANTEES.

## Surgical Selectives

Period	14	15	16	17	18	20*	22	23	24	25	26	Need housing?	
												Y	N
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"/>	<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"/>	<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"/>	<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"/>	UNAVAILABLE	
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"/>	<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"/>	UNAVAILABLE	

## Emergency Med & Electives

Period	14	15	16	17	18	20*	22	23	24	25	26	Need housing?	
												Y	N
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB-GYN (Out)	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Starred rotations are offered for **two weeks only**. Period 26 is only for students on an ADPOS.

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