

**Application for Rural Medicine Selective Rotation
COM 8040**

This application must be **COMPLETED & RECEIVED TWO MONTHS *prior*** to the proposed starting date of the rotation. Failure to meet the deadline may result in an assigned rotation or other option by the Office of Clinical Education. If this is not completed properly, it will be returned for correction.

**** Please be sure to print legibly****

Student Information

NAME: _____
N#: _____
PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
EMAIL: _____
PROPOSED ROTATION DATE (MO/YR): _____

Rotation Information

NAME OF SITE: _____
NAME OF DME: _____
SUPERVISING PHYSICIAN/PRECEPTOR: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
COORDINATOR/CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
FAX: _____

Reason(s) for requesting this site:

Rotation Objectives:

Please send completed form via mail or fax to:

NSU-Office of Clinical Education: 3200 S. University Drive, Ft. Lauderdale, FL 33328 / FAX: 954-262-3874