

Rotation Application Form

Thank you for your interest in Kaweah Health’s student program. Please submit the application below along with your current CV, board scores, and letter of interest to gmemedstudnt@KaweahHealth.org.

Be advised rotations will be considered on a case to case bases and are subject to approval based on availability and Residency Program Director discretion. Currently only elective rotations are available; core rotations are not available.

Name: \_\_\_\_\_

Medical School: \_\_\_\_\_

Medical School Address: \_\_\_\_\_

School coordinator Contact: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your phone Number: \_\_\_\_\_

Year expected to graduate: \_\_\_\_\_

Elective(s):	Requested Dates:

