

Schwab Rehabilitation Hospital

Elective Rotation Application

Scheduling is subject to our approval. The application for the elective rotation **MUST** be submitted 4-6 weeks before the start of the elective. In addition to the application, please submit a brief letter indicating your interest in Physical Medicine and Rehabilitation, including WHY you chose Schwab Rehab Hospital to pursue an outside elective rotation.

The student must contact the Residency Coordinator @ Schwab Rehab Hospital (773-522-5853) two weeks before the start of the elective to confirm scheduling. Written cancellations must be received 2 weeks prior to the scheduled rotation or \$100.00 fine will be assessed.

NAME: _____

CURRENT ADDRESS & PHONE #

MEDICAL SCHOOL, ADDRESS & PHONE #:

DESIRED ROTATION DATES: _____

ALTERNATE ROTATION DATES: _____

EMERGENCY CONTACT NUMBER: _____

Student: please forward to Dean's office.

DEAN'S OFFICE STATEMENT

This is to inform you that _____ is currently enrolled in our medical school
(student's name)

and is in good academic standing. The above-named student has our permission to attend a rotation at your site during the above-named period. Our institution accepts full responsibility for covering malpractice insurance and benefits for this student while he/she is on this rotation.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Dean's Office: Please return completed form to:

Leticia Fulgencio, Residency Coordinator
Schwab Rehabilitation Hospital and Care Network
1401 S. California Blvd. Chicago, IL 60608
773-522-5853
773-522-5855 (fax #)