Corewell Health - TAYLOR

APPLICATION FOR PM&R ROTATION

Please read and complete all information listed below:			
No rotations are approved June-July			
NAME:			
ADDRESS:			
CITY:		**STATE:**	**ZIP:**
PHONE #:			
E-MAIL ADDRESS:			
MEDICAL SCHOOL:			
ELECTIVE:	**PHYSICAL MEDICINE & REHABILITATION**		
DATES OF ROTATION: * **Provide Top 3 Dates**			

REMINDERS:

1. Applications missing required documents LISTED BELOW are not processed or returned.
2. **Electives are not guaranteed and can be terminated at any time.**
3. Allow 30 days processing time for departmental signatures. You will be notified via email by the Program Manager once your application has been approved or denied

RECEIVED		DOCUMENTS THAT ARE HIGHLIGHTED MUST BE SUBMITTED WITH APPLICATION
YES	NO	A letter from your Medical School stating that you are a student in good standing/Medical School Diploma
YES	NO	Official transcript for all attempts (including failures) for USMLE Step 1/ Step 2 or COMLEX Level 1/ Level 2. Applicants that have not taken Step or Level 1 will not be eligible for rotation.
YES	NO	Medical School Transcript
YES	NO	Current CV
YES	NO	A detailed paragraph outlining why you would like to rotate with the PM&R Program
YES	NO	A copy of your picture identification (driver's license or school ID) – photographs are not acceptable
YES	NO	A copy of your certificate of liability insurance
YES	NO	*Recent documentation of influenza vaccine – required November – April*
YES	NO	Proof of a TB test within the last year

Please Note:

- **We DO NOT sponsor any Visa's – you must be a permanent resident/U.S. citizen or hold a green card.**
- Please submit all required documents. If any information or documents are withheld, your application may be withdrawn at any time in accordance with program guidelines.

Responsible Physician's Signature	Program Director's Signature	Director, Medical Student Education
Melissa Mafiah M.D.	*Melissa Mafiah, M.D.*	*Falgun Patel, M.D*
Print Name Here	Print Name Here	Print Name Here

Email or fax completed application & required documentation to:
Breann.Vavro@corewellhealth.org ▪ fax (313) 375-7225
For general questions please call (313) 375-7226
*****WALK-IN DROP-OFFS NOT ACCEPTED*****