

MULTIPLE RESIDENTS EXTERNAL ROTATION REQUEST FORM

External Institution Name: _____

External Institution Address: _____

Requesting Department/Program: _____

Agreement/Rotation Start Date: _____

| | | | |
|------------------|--|------------------|--|
| REQUIRED: | | ELECTIVE: | |
| LEVEL: | | LEVEL: | |
| DURATION: | | DURATION: | |

Name of Rotation requested: _____

Preceptor Name: _____ Legal Signatory Name: _____

External Contact Name and Email: _____

External Contact Phone Number: _____

- MINI NEW **OR** RENEWAL (If renewal, please attach a copy of the existing MINI.)
- PLA
- The REQUIRED Goals and objectives for requested rotation ARE attached.

Please provide justification for this rotation in the box below.

External Program Director Signature Date

**PLEASE EMAIL REQUEST FORM WITH SUPPORTING DOCUMENTATION TO
THE OFFICE OF EDUCATIONAL AFFAIRS**

OEA Only

HOME INSTITUTION

- The rotation is approved pending contractual agreement between the two institutions.
- The rotation is not approved.

Designated Institution Official Date