



MICHIGAN STATE UNIVERSITY

College of Osteopathic Medicine

Apply For a Rotation Using the Non-Base Hospital (Paper) Application

A step by step guide for applying
to your 4th year elective rotations.

An elective is a non-core rotation that is completed in any hospital, physician's office or facility.

If the hospital/facility does not utilize their own paper application or VSAS, then you will use the Non-Base Hospital (paper) Application. It can be found here, http://com.msu.edu/Students/Clerkship/non_base_hospital_application.pdf.

**Michigan State University College of Osteopathic Medicine
Clinical Clerkship Program**
Non- Base Hospital Application for Clinical Clerkship Rotation

Please print legibly

Part I – To be completed by student (then fax to rotation site): Date: _____

Name: _____ 3rd Year 4th year

Address: _____ Phone #: _____

Email Address: _____ Base Hospital: _____

Application is made for a clerkship rotation in: *(name of service)* _____

Length of Training: _____ Beginning _____ Ending _____
(# of weeks) (month/day/year) (month/day/year)

To be conducted at (check below):

Hospital *(name)* or Office/ Clinic *(name)* _____

Hospital or Clinic Complete Address *(print legibly)* _____

Under the supervision of _____
(name of supervising physician or program coordinator)

List all CORE rotations completed prior to this rotation: _____

Part II – To be completed by physician/hospital (then fax to Clerkship):
*Following documentation required prior to rotation: (*MSUCOM students automatically covered by malpractice)*

Ltr of Good Standing Malpractice certificate*
 Immunizations Other _____

Signature(s) confirm above student for service and dates indicated:

(Signature of Supervising Physician) (Date) (Telephone Number) (Fax Number)

(Signature of Director of Medical Education) (Date) (Telephone Number) (email)
Or other hospital/clinic/office representative)

Return completed form to: MSUCOM Office of the Registrar
965 Fee Road
C110 East Fee Hall
East Lansing MI 48824
517/353-7741 (Fax: 517/432-1976)
E-mail: OsteoMedReg@hc.msu.edu

Clerkship Approval: _____ (initials)
Course #, Section, # credits, Semester: _____
 Enrolled

NOTE: Student may not begin rotation until all required signatures are on file in the Office of the Registrar

Revised 4/10

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(# of weeks) (month/day/year) (month/day/year)

To be conducted at (check below):

Hospital *(name)* or Office/ Clinic *(name)* _____

Hospital or Clinic Complete Address *(print legibly)* _____

Under the supervision of _____
(name of supervising physician or program coordinator)

List all CORE rotations completed prior to this rotation:

Part 1 will need to be completely filled out by the student

Part II – To be completed by physician/hospital (then fax to Clerkship):

Following documentation required prior to rotation: (*MSUCOM students automatically covered by malpractice)

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 Immunizations Other _____

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Part 2 is filled out by the supervising physician or DME and then emailed or faxed back to the MSUCOM Office of the Registrar. Once approved by the hospital/facility and the College, the rotation will be posted to your Kobiljak Schedule.

Please note that all supplemental documentation will be provided by the SSAs and sent directly to the hospital/facility.



MICHIGAN STATE UNIVERSITY

College of Osteopathic Medicine

Please contact your Student Support Advocate if you have any questions.

Students A-D

Students E-K

Students L-Q

Students R-Z



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