

Alfred I. duPont Hospital for Children - 4th Year Medical Student Form

GME Director Approval
Stamp:

Rotation Information:

What department are you coming to rotate in at AIDHC, i.e., Emergency Department?	
Have you been here prior to AIDHC within this academic year (yes or no)?	

Demographics:

Last Name:	
First Name:	
Middle Initial:	
A good number for us to contact you?	
Gender:	
Date of Birth:	
Email address (for us to contact)	

Information about YOUR school:

Name of your school:	
Name of School Official to contact?	
Email address of School Official?	
Phone number of School Official?	
What year are you currently in?	

Rotation Information:

For Sidney Kimmel Medical Students

What department are you coming to rotate in at AIDHC?	
What dates is your rotation?	
Have you been here to AIDHC within this academic year?	

Rotation Information:

For students from OTHER medical schools (non Sidney Kimmel Medical Students)

Please list all rotations that you are interested in.	
Please list all dates that you are available for a rotation with us.	
Have you been here to AIDHC within this academic year?	

Rotation Approved for:	Dates of rotation:
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Print Approval Signature of AIDHC Section Chief	
Rotation is approved - Approval Signature of AIDHC Section Chief	Need a box for them to type in their name electronically.