Version June 2022

Due 90 Days before Rotation start date.

Please fill in all columns, SAVE as YOUR NAME, email to turnerkate@gwu.edu. Spreadsheet can be used for one or more applicants.

Rotation Start Date	Rotation End Date	Last Name	First Name	Institutional Email	Secondary Email	Cell phone

NPI	GWU Rotation Program	Home Institution Name, City, State	Home Inst. Program	PGY Level	DOB (MM/DD/YYYY)	SSN	Medical School Name

Medical Sch. City, State	Medical Sch Country, if not US	ECFMG Attached (if applicable)	Degree Received	mm/dd/year Graduated	DC License?	DC Lic#, if applicable	Prior GW attend? (e.g. Med, UGrad)	GWU PD Approval