What information do I need when submitting a Rotation Request?

Use this form to prepare your Rotation Request. All fields marked with an asterisk (*) indicate required information for submission in MedHub.

Please note: Beginning with the 2025–2026 academic year, all Rotation Requests must be submitted through MedHub. Only requests submitted via MedHub will be reviewed by the GME Office. This template is intended for internal use by programs only.

RESIDENT/FELLOW INFORMATION

Rotation or PRN/Coverage*   Yes

                  No

Requested Rotation Program*   _____

Resident or Fellow*   Yes   **PGY Level***   _____

                  No

Start Date*   _____   **End Date ***   _____

Last Name*   _____   **First Name ***   _____

Institutional Email*   _____   **Personal Email***   _____

Cell Phone Number*   _____

NPI Number*   _____   **Date of Birth (MM/DD/YEAR) ***   _____

Prior Affiliation @ GW*   Yes

                  No

MEDICAL SCHOOL INFORMAITON

Medical School Name*   _____   **Med School City, State***   _____

Med School Country*   _____   **Grad Date*** _____   **Degree*** _____

DC License *   Yes   **DC License Number***   _____

                No

Home Institution*   _____   **Home Program***   _____

Program Dir's Name   _____   **Program Coord Name***   _____

Program Dir's Email*   _____   **Program Coord's Email***   _____

Home Institution Addr*   _____   **Program Coord's Phone #***   _____

                            _____

GWU PD Initials*   _____

Does the Home Institution use MedHub*   Yes

                                        No