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 to the program.

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. Please contact the program coordinator if you need assistance.

RESIDENT/FELLOW INFORMATION

Rotation or PRN/Coverage* Yes ☐ No ☐

Requested Rotation Program* _____

Resident or Fellow* Yes ☐ No ☐ **PGY Level*** _____

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 ☐ No ☐ **DC License Number*** _____

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 ☐