



Faculty of Medicine and Health Sciences Faculté de médecine et des sciences de la santé

Attestation of Core Rotations

SECTION 1: STUDENT INFORMATION

Last name:
First name:
Academic year at the time of elective (e.g. 3rd yr):
Expected graduation date (mm/yy):

SECTION 2: COMPLETED AND SCHEDULED CORE ROTATION(S)

Please indicate the required clinical clerkships you will have completed and scheduled to complete prior to the proposed rotation.

Core Rotations	Start Date	End Date	Duration
Medicine			
Surgery			
Pediatrics			
Psychiatry			
Obstetrics & Gynecology			
Family Medicine			
Other:			

By completing this form, you attest that the information is true and accurate.

Signature: _____

Date: _____