

**Rotation Request for Observership Rotation**  
**Department of Pediatrics**  
**Upstate Medical University**

Please rank the following rotations in order of interest. Rotations will be assigned on a first come, first serve basis. To explain further, if we already have the maximum number of rotators on Gastroenterology, you will be assigned to one of the Subspecialty Divisions. As it is impossible to determine in advance how many requests we will have for each period of time, we ask that you rank all of them.

As a reminder, all rotations are assigned in 2-week blocks. Failure to rank at least five of the options will result in rejection of your application. To make your selections please place a number 1 - 8 in the box next to the name of the rotation (1 being your top choice and 8 being the least desired).

**Name of Applicant:** \_\_\_\_\_

**Dates available to rotate:** \_\_\_\_\_

**Total # of rotations (2-week blocks) requested:** \_\_\_\_\_

☐

Adolescent

☐

Endocrinology

☐

Gastroenterology (limited availability)

☐

Child Development, Genetics, Behavior treatments

☐

Infectious Diseases

☐

Outpatient Peds (limited availability)

☐

PICU

☐

Pulmonary

☐

Rheumatology