
Visiting Student Rotation Interest Form

****IMPORTANT****

Please allow 2 weeks from your submission for the Program’s consideration of your request. If selected, the VHS Clerkship Coordinator will contact designated Medical School Coordinator to confirm AAMC Affiliation Agreement is on file and to further process requirements. *Only current 3rd or 4th year medical students from LCME- or AOA- accredited medical schools are qualified to apply for rotations.*

All Interest Form applications must be submitted a minimum of SIXTY (60) DAYS PRIOR to the requested start date of the clerkship. Do not schedule any travel until you have been notified of clearance by the GME Office.

Student Name _____
Last First MI

Student Email _____ Phone _____

Medical School Name _____ Medical School Year 3rd 4th

Clinical Coordinator Contact Information:

Name _____ Email _____

Phone _____

Program Rotation of Interest – Check only one (1) Facility + Program

Valley Health System	
Emergency Medicine	
Family Medicine	
General Surgery	
Psychiatry	

Valley Hospital	
Family Medicine	
Internal Medicine	
Neurology	
Orthopedic Surgery	
Gastroenterology	
ICU	

Dates of Requested Rotation

1st Choice	Start Date		End Date	
2nd Choice	Start Date		End Date	
3rd Choice	Start Date		End Date	

Submit the Following Items with your completed Interest Form:

[PDF-format preferably]

- STUDENT CV
- PERSONAL STATEMENT
- USMLE AND/OR COMLEX TRANSCRIPT

Return the completed Interest Form and supporting documentation to:

The Valley Health System

*Attn: VHS Graduate Medical Education Consortium
6655 S. Cimarron Road #100 Las Vegas, NV 89113*

VHSgmeclerkships@uhsinc.com or fax to (702) 853-8621

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Valley Hospital

Attn: Valley Hospital GME

620 Shadow Lane, Las Vegas, NV 89106

ValleyHospitalMedicalStudents@uhsinc.com

GME Clerkship Use Only:

Program Approval/Denial _____
Initial Date

Clinical Coordinator Notified _____
Initial Date