



Rotation Request for Pediatric Clinical Observer Program

West Virginia University Department of Pediatrics

Name of Applicant: _____

Dates available to rotate: _____

Total # of rotations (2-week blocks) requested: _____

Please rank the following rotations in order of interest. Rotations will be assigned on a first come first serve basis.

_____ Adolescent Medicine

_____ Critical Care

_____ Endocrine

_____ General Pediatrics Inpatient

_____ General Pediatrics Outpatient

_____ Hematology/Oncology

_____ Infectious Disease

_____ Nephrology

_____ Neurology