MASSACHUSETTS GENERAL HOSPITAL
DERMATOLOGY

Application for Clinical Rotations for U.S. Medical Residents and Nurse Practitioners

Thank you for your interest in the Department of Dermatology's clinical rotations opportunities for visiting U.S. residents and nurse practitioners. There is no compensation or room and board associated with this elective. Likewise, no certifications are issued. Four months advance notice is required before requested start date.

Name:

Date of Birth:

Address for correspondence:

Email:

Phone:

Home Institution:

Clinical Interest:

Faculty Mentor:

1. Please state your learning objectives for this rotation: (include expectations and check clinic area) ☐ inpatient ☐ outpatient

3. Please indicate preferred dates **(Advance notice of 4 months required)** ***Please note: We cannot accept dates for the month of July.***

	Date From (mm/dd/yy)	Date To (mm/dd/yy)	Faculty agreement, Yes or No	
1.			☐ yes	☐ no
2.			☐ yes	☐ no
3.			☐ Yes	☐ no

(Continued on page 2)

Submit completed and signed application to MGHDermRotations@partners.org

Please provide the following:

- ☐ Completed application
- ☐ Signed agreement from mentoring faculty (below)
- ☐ Curriculum Vitae
- ☐ Two letters of professional reference

Agreement from Faculty Member Mentor

I agree to mentor _____ for a clinical rotation from
(name)

_____ to _____
(date) (date)

Faculty Member Signature _____ Date_____

Upon acceptance: please provide

- ☐ Proof of malpractice insurance from your own institution
- ☐ Massachusetts Medical License (limited or full)

Note: If you do not have a Massachusetts Medical License, you will function as an observer.