

**DAVID GRANT USAF MEDICAL CENTER
CIVILIAN ROTATION REQUEST FORM**

Requests must be received by 60MDG/SGT no later than 30 days prior to the start date of the rotation. If we do not have a training affiliation agreement, it will take an additional 120 days. Email request to: 60mdg.sgt.clerkship@us.af.mil or fax to: (707) 423-7952. If you need further assistance, please call (707) 423-7950. Forms must have original signatures.

Part I. Student Request

TO: Preceptor

Facility: Travis AFB Specialty: _____
Start Date: _____ End Date: _____
Student's Name: _____
Social Security #: _____ Date of Birth (DDMMYYYY): _____
Home Address: _____
City: _____ St: _____ Zip: _____
Home Phone: _____ Work Phone: _____ E-mail Address: _____
School: _____ Graduation Date (mm/yyyy): _____

(Student Signature) (Date)

PART II. Preceptor Endorsement

TO: Student

The above rotation is approved.

(Preceptor Approval/Date)

PART III. School Endorsement

TO: Director of Medical Education
60 MDG/SGT
101 BODIN CIRCLE
TRAVIS AFB CA 94535-1800

The above rotation and preceptor meet our program requirements.

(Authorized School Representative/Date)