



**Leadership**

Toni Preckwinkle  
President  
Cook County Board of Commissioners

Israel Rocha, Jr.  
Chief Executive Officer  
Cook County Health

**Board of Directors**

M. Hill Hammock  
Chair of the Board

David Ernesto Munar  
Vice Chair of the Board

Robert Currie  
Hon. Dr. Dennis Deer, LCPC, CCFC

Mary Driscoll, RN, MPH

Raul Garza

Ada Mary Gugenheim

Joseph M. Harrington

Mike Koetting

Heather M. Prendergast, MD, MS, MPH

Robert G. Reiter, Jr.

Otis L. Story, Sr.

**APPLICATION FOR AN ELECTIVE ROTATION**

(PRINT OR TYPE)

NAME \_\_\_\_\_  
LAST FIRST INITIAL

ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

PHONE # \_\_\_\_\_  
WORK

DEGREE \_\_\_\_\_ STATE MED. LICENSE # \_\_\_\_\_ D.O.B \_\_\_\_\_

**CURRENT RESIDENT PROGRAM:**

INSTITUTION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

CLINICAL DEPT. \_\_\_\_\_ POST GRAD. LEVEL \_\_\_\_\_

**ROTATION REQUESTED:**

DEPARTMENT/DIVISION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
Application's Signature Date

**STROGER HOSPITAL APPROVAL**

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
Department/Division Chair Date

**DENIED:**

\_\_\_\_\_  
Signature Date

**TO BE COMPLETED BY HOME INSTITUTION  
DEPARTMENT/DIVISION CHAIR:**

I approve the above rotation and verify that the applicant is a resident in good standing at this institution.

\_\_\_\_\_  
Department/Division Chair Date

\_\_\_\_\_  
**INSTITUTION NAME**