

| External Rotation Competitive Placement Form  |   |                           |   |
|---|---|---------------------------|---|
| This section of the form must be completed by the applicant.                                    |   |                           |   |
| <b>Trainee Name:</b>  |   |                           |   |
| <b>Contact Number:</b>  |   | <b>Email:</b>             |   |
| <b>Training Site:</b>   |   |                           |   |
| <b>Training Program:</b>  |   |                           |   |
| <b>Program Category:</b>  | <input type="checkbox"/> Fellowship<br><input type="checkbox"/> Residency<br><input type="checkbox"/> Diploma | <b>Training Year:</b>     | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup><br><input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> |
| <b>Rotation Start Date:</b>   | ___ / ___ / 20 ___  | <b>Rotation End Date:</b> | ___ / ___ / 20 ___  |
| <b>Rotation Objectives:</b> Please describe your specific learning objectives for this rotation |   |                           |   |
|   |   |                           |   |

| This section of the form must be completed by the Training Site Program Director   |  |                               |  |
|--|--|-------------------------------|--|
| <b>Program Status:</b>   | <input type="checkbox"/> Joined Program <input type="checkbox"/> Fully Accredited                        | <b>Decision:</b>              | <input type="checkbox"/> Approved <input type="checkbox"/> Denied  |
| <b>No. In-House Trainees:</b>  | <small>Indicate the projected number of in-house trainees per month during the proposed rotation</small> | <b>No. Rotating Trainees:</b> | <small>Indicate the projected number of external rotators per month during the proposed rotation</small> |
| <b>Comments:</b> Rationale for approval or rejection   |  |                               |  |
|  |  |                               |  |
| <b>Signature:</b>  |  | <b>Date:</b>                  | ___ / ___ / 20 ___   |
| <b>Note:</b> Acceptance of external rotators is subject to availability and alignment with our strategic goals. Meeting the criteria outlined in this application does not guarantee approval. |  |                               |  |

| This section of the form must be completed by the Academic and Training Affairs Administration |   |               |                    |
|--|---|---------------|--------------------|
| <b>Approval Status:</b>  | <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied | <b>Date:</b>  | ___ / ___ / 20 ___ |
| <b>Comments:</b>   |   |               |                    |
| <b>Name:</b>   |   | <b>Stamp:</b> |                    |
| <b>Signature:</b>  |   |               |                    |

| This section of the form must be completed by the Cluster ATA Postgraduate Administration              |   |               |                    |
|--|---|---------------|--------------------|
| <b>This section is mandatory for external rotators seeking admission to fully accredited programs.</b> |   |               |                    |
| <b>Approval Status:</b>  | <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied | <b>Date:</b>  | ___ / ___ / 20 ___ |
| <b>Comments:</b>   |   |               |                    |
| <b>Name:</b>   |   | <b>Stamp:</b> |                    |
| <b>Signature:</b>  |   |               |                    |

