

Application for Elective Surgery Clinical Rotation: Medical Student

Thank you for your interest in rotating at UPMC Harrisburg.

Housing

Housing is available on a first come, first serve basis. We will try to accommodate you.

Verification

Upon confirmation of your rotation, verification of your student status and liability insurance must be received from your clinical education office. Failure to provide verification will result in the cancellation of your rotation. You will be required to complete UPMC mandatory education online prior to the start of your rotation. This information will be included in your confirmation letter.

Contact Information

Department of Medical Education
UPMC Harrisburg
205 South Front Street, Brady 918, Harrisburg, PA 17104
Phone: 717-231-8775
Fax: 717-231-8756
Email: lentzmi@upmc.edu

If you have a schedule change, please contact Mackenzie Lentz at 717-231-8775 or lentzmi@upmc.edu as soon as possible. Thank you.

Please print and complete the registration form below- then email completed form to: lentzmi@upmc.edu

First name: _____

Last name: _____

Email address: _____

Gender: Male Female

Medical School Name: _____

Is this an audition rotation? (circle one) YES NO

USMLE and/or Comlex Score (*Please submit paperwork to verify*): _____

Current CV & 3rd year academic transcript required: Please email both documents to lentzmi@upmc.edu

Rotation Start Date (1st choice): _____

Rotation End Date (1st choice): _____

Rotation Start Date (2nd choice): _____

Rotation End Date (2nd choice): _____