

Absence Request Form for Clinical Rotations Instruction Sheet

Instructions:

Students are responsible for forwarding or faxing the Absence Request Form for Clinical Rotations to **two (2)** individuals. Complete and submit the form via e-mail or fax by following the two (2) steps below:

1. *The appropriate site coordinator (refer to list below)**

...AND...

		<u>e-mail</u>	<u>fax#</u>
2. <u>University Students:</u>	Carol Chalkley	carol.chalkley@case.edu	216-368-5125
<u>CCLCM Students:</u>	Deborah Krall	kralld@ccf.org	216-445-7442

**The Site Coordinator below will forward your Absence Request form to your Discipline Leader/Rotation Leader.*

<u>Site</u>	<u>Rotation</u>	<u>Coordinator</u>	<u>e-mail</u>	<u>fax #</u>
CCF	Basic Core I	Gwendolyn Dove	doveg@ccf.org	216-636-1348
	Basic Core II	Deborah Routh	routhd@ccf.org	216-636-1348
	Basic Core III	Deborah Krall	kralld@ccf.org	216-445-7442
	Advanced Cores	Deborah Krall	kralld@ccf.org	216-445-7442
	Electives/AI	Pat Gasser	gasserp@ccf.org	216-445-7442
MHMC	Basic Core I	Michelle Joseph	mjoseph@metrohealth.org	216-778-5823
	Basic Core II	Kim Malleo	kmalleo@metrohealth.org	216-778-8847
	Basic Core III	Jennifer Killik	jkillik@metrohealth.org	216-778-8865
	Advanced Cores	Chris Dedek	cdedek@metrohealth.org	216-778-5862
	Electives/AI	Chris Dedek	cdedek@metrohealth.org	216-778-5862
UH/VA	Basic Core I	Cindy Neczypor	Cindy.Neczypor@uhhospitals.org	216-844-8216
	Basic Core II	Cindy Mueller	Cynthia.Mueller@uhhospitals.org	216-844-3797
	Basic Core III	Kris Stacy	Kristen.Stacy@uhhospitals.org	216-844-5066
	Advanced Cores	Carol Chalkley	carol.chalkley@case.edu	216-368-5125
	Electives/AI	Please forward your request to the sponsor/rotation leader of the AI/Elective you signed up for through the Registrar.		

Friday afternoon curriculum:

University Students:	Dawn Burke	dawn.burke@case.edu	216-368-5125
CCLCM students:	Wilma Doyle	cclcm@ccf.org	216-445-7436

Absence Request Form for Clinical Rotations

STUDENT NAME:

DATE SUBMITTED:

ROTATION (check all that apply)

Basic Core I (Internal Med Surgery)

Basic Core II (Family Med OB/Gyn Peds)

Basic Core III (Neuro Psych)

Aging Patient Advanced Core

Chronic Disease Advanced Core

Undifferentiated Patient Advanced Core

Peri-Op/Pain Management Advanced Core

AI/Elective

Friday afternoon required curriculum

SITE CC MHMC UH/VA

DATE From _____ to _____

REASON FOR ABSENCE

****Students: Please see Page 1 for submission instructions.***

APPROVAL SIGNATURE/E-MAIL _____ **DATE:** _____
Discipline/Rotation Leader

APPROVAL SIGNATURE/E-MAIL _____ **DATE:** _____
Friday afternoon curriculum leader (if applicable)

****NON-EMERGENT REQUEST MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE****