## **Attestation of Core Rotations and Electives**

## **Section 1: Student Information**

Last name	
First name	
Home school	
Academic year at time of elective (e.g. 4 <sup>th</sup> year)	
Length of program	
Expected graduation date	

## Section 2: Completed and/or Scheduled Core Rotations and Clinical Clerkship Electives

Type (Core Rotation or Elective)	Specialty	Start Date e.g. mmm-dd-yyyy	End Date e.g. mmm-dd-yyyy	School	Duration (in weeks)

By completing this form, you attest that the information is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ eSignature accepted