

***NorthShore University HealthSystem  
Integrative Medicine Program  
"Rotation Request"***

*In order to insure the best possible care for our patients, rotations with our program are limited. At this time, we are accepting applications from medical students, residents and fellows in allopathic (M.D.) and osteopathic (D.O.) medicine. Trainees are selected based on individual philosophy and the desire to practice integratively in their chosen field of medicine. Because our rotation slots fill up several months in advance of desired start times, early requests are strongly recommended. NorthShore residents receive priority.*

Date of request \_\_\_\_\_

Name \_\_\_\_\_

Email address \_\_\_\_\_

Medical Institution and Department

\_\_\_\_\_

Name of Director of Medical Education or Program Director

\_\_\_\_\_

Professional Status \_\_\_\_\_

**Requested Rotation Dates** \_\_\_\_\_

Ideally, our rotations are for four (4) consecutive weeks. Please let us know if you have any vacation time scheduled during the time you are requesting?

\_\_\_\_\_

What are your clinic days?

\_\_\_\_\_

\_\_\_\_\_

Page Two  
Integrative Medicine Rotation Request

Do you have any other responsibilities during this time?

---

---

Please attach a copy of your CV to your email when you return this form.

Name \_\_\_\_\_

Best Address for us to use in sending you information:

---

---

---

Brief statement about your background and your interest in integrative medicine:

---

---

---

---

---

---

---

---

Questions or Information, contact:

Carole Beck, Practice Manager  
NorthShore University HealthSystem  
Integrative Medicine Program  
847 570-2138  
[cbeck@northshore.org](mailto:cbeck@northshore.org).  
[www.northshore.org/integrative](http://www.northshore.org/integrative)

