

TRANSPLANT ROTATAION B APPROVAL FORM:

To be submitted at least 2 months prior to the rotation start date.

DESIGNATION OF THE ELECTIVE DAY IS REQUIRED IN ORDER FOR THE TRANSPLANT SERVICE TO PROPERLY SCHEDULE YOU PATIENT TRANSPLANT CLINIC DAYS.

FAILURE TO SUBMIT THIS FORM IN A TIMELY MANNER WILL RESULT IN FORFEITURE OF THE ½ DAY ELECTIVE

Fellow: _____

Date: _____

Month/year of the rotation: _____

AM/PM/Day designation: _____

Activity: _____

Fellow signature: _____

Dr. Barba's signature: _____

Dr. Adler's signature: _____

Either electronic signatures and email submission or paper signatures submission are OK!

Please submit form to: