

Request for NMHC Non-Base Hospital Rotation

All requests must be submitted no less than 60 days prior to the start date of the planned rotation.

The NMHC non-base rotation hospital request form should be submitted to Allison Kane in Academic Affairs (312-926-7430 | akane2@nm.org) prior to this form being submitted to McGaw.

Please submit this form with the approved NMHC Non-Base Hospital rotation form to Angie Delk (312-503-0254 | a-delk@northwestern.edu)

General Information (To be completed by Program Director)

Date of Request: _____
Housestaff name: _____
Program: _____
Program Coordinator's name: _____
Date Rotation Begins: _____
Date Rotation Ends: _____
Base Hospital: _____
Northwestern Memorial Hospital

NMHC non-base hospital location

Central DuPage Hospital (CDH)
Grayslake Outpatient Center
Northwestern Lake Forest Hospital (LFH)
Others (please specify)

Approval

Signature

Date

Program Director	_____	_____
DIO	_____	_____
NMHC Academic Affairs	_____	_____