

## Rotations for Credit Request Form

<b>Name of Resident:</b>	
<b>Name of residency program completed to date:</b>	
<b>Previous residency start date:</b>	
<b>Previous residency end date:</b>	
<b>List of blocks completed to date:</b>	
<b>List of Rotations considered for credit:</b> (max of four (4) and of which only two (2) may be for elective time). Please include a narrative indicating how the experiences in previous residency program are equivalent to the experiences you wish to have credited	
<b>** Attach all summative evaluations (ITERS) completed during previous residency</b>	