



**Touro University California**  
**College of Osteopathic Medicine**  
**Rotation Request Form**

Student Name: Fredrik Palmer-Picard ID #: T00212370 Date Submitted: 3/7/18

Medical Specialty: Emergency Medicine Requested Dates: 4/9/18 - 5/4/18 Course #: 011

**Rotation Site/Institution**

Name: ARMC

Additional Notes/Requirements:

Address: 400 North Pepper Ave.

City: Colton State: CA Zip: 92324

Phone: (909) 580-1000 Fax: \_\_\_\_\_

Preceptor/Sponsor Name: EM Attendings

Preceptor/Sponsor Email: \_\_\_\_\_

**Site Coordinator/Office Manager**

Coordinator Name: Mary Helen Gutierrez

Email: gutierrezh@armc.sbcounty.gov

Address: 400 North Pepper Ave.

City: Colton State: CA Zip: 92324

Phone: (909) 580-1000 Fax: \_\_\_\_\_

*Note: Student may be given some responsibility to assist in paperwork necessary for credentialing of their preceptor. Preceptors must be properly credentialed no less than thirty (30) days prior to the anticipated rotation start date or rotation may be cancelled.*

Student's Signature (required if Rotation Request is submitted in person): \_\_\_\_\_

☐ Approved

☐ Denied  
Reason for Denial:

Clinical Education Dept. Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_