

Elective Program Application



Please save a copy of this form and email to **JoAnna Moore** at Jmoore7@hfhs.org with **required attachments**. Once a COMPLETE application packet is received, processing requires 10 business days. Leaving areas blank will cause a delay and/or denial of your application.

****Please Type or Print Clearly****

Section 1 – Demographics, Housing, & Prerequisites

Name:	
Street Address:	
City, State, Zip Code	
Medical School & Status (MD/DO):	
Expected Year of Graduation:	
Gender:	
Date of Birth:	
Social Security Number:	
Phone Number:	
Email Address:	

Please note the number of weeks you have completed in each clinical rotation:

Family Medicine _ Internal Medicine _ Neuro _ OB/Gyn _ Pediatrics _ Psychiatry _ Surgery _

Check one

Have you rotated at Henry Ford before? Yes No

Are you requesting housing? Yes No

For more housing information and to apply on-line please go to <https://www.henryford.com/hcp/med-ed/ugme/housing/apply-request>.

Section 2 – Rotation Request

Name of Rotation	Start Date	End Date

Section 3 – Emergency Contact Information

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Section 4 – Additional Information

Have you considered applying to a residency program at HFHS? Yes No

If Yes, which programs? _____

If No, why not? _____

Section 5 – Checklist

Have you included all of the required items with your application?

- Application Form
- Letter of Good Standing
- Criminal Background Check
- Curriculum Vitae
- Immunization Records
- TB test within 12 months of Rotation End Date
- Proof of Personal Health Insurance
- Flu shot*

** flu shot is only required if your rotation falls within the official flu season: December 1st through May 1st*

Please email to JoAnna Moore at Jmoore7@hfhs.org with required attachments.

Mailing Address

Henry Ford Hospital
2799 W. Grand Blvd
Clara Ford Pavilion- B046
Detroit MI 48202-2589