



مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة
الشؤون الأكاديمية والتدريب
Academic & Training Affairs

REQUEST FOR CLINICAL ROTATION

Name of Applicant:			SCHS Registration No.
Requested Rotation:	Residency <input type="checkbox"/>	Fellowship <input type="checkbox"/>	
Specialty or Subspecialty:			
Department:			
Rotation Date (Gregorian)	From:	To:	
Sponsoring Institution:			
Applicant has rotated before at King Faisal Specialist Hospital and Research Centre (Gen. Org.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

REQUESTED BY:	_____	Date:	_____
	Program Director's Signature		
		Tel.:	_____
		Fax:	_____
	_____	Email:	
	Program Director's Name		

FOR KFSH & RC (Gen. Org.) USE ONLY

APPROVED BY:	_____	Date:	_____
	Program Director's Signature		
		Tel.:	_____
		Fax:	_____
	_____	Email:	
	Program Director's Name		

REQUIREMENTS / INFORMATION

- 1) Please type or print; email or fax completed form to the department.
- 2) This form is electronically available at <http://www.kfshrc.edu.sa/aape/residency.html>
- 3) Requests have to be received four weeks ahead of rotation starting time.
- 4) A minimum of one month rotation period is required.
- 5) Submit a completed Checklist of Health Care Screening form prior to starting rotation, or on first day of training.
- 6) Submit a copy of trainee's ID / Iqama prior to starting rotation, or on first day of training.
- 7) The trainee will participate in department's educational activities and on-call duty and is expected to comply with rotation, departmental and Hospital policies.
- 8) KFSH&RC (Gen.Org.) has no financial obligation with trainee for the duration of training.