



Application for MCH (High Risk OB) Rotation

Please submit this form and required documents via email to

rotations@pvhmc.org

Applicant/ Requestor

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Residency/Fellowship Program Name: _____

Residency/Fellowship Sponsoring Institution: _____

Date range of experience (4 weeks in March - May)

Option 1: _____

Option 2: _____

Health Clearance

Pomona Valley Hospital Medical Center requires Health clearance including COVID vaccinations & booster doses (if eligible) and Flu shot (required October 1 through April 3).

Proof of completion is required during onboarding (after application is approved).

Rotation Checklist

Submit the following items with this form to complete the application process

- Curriculum Vitae (CV)
- Program Director Letter that indicates you are:
 - In Good Academic Standing
 - Cleared for Deliveries and OB Procedure
 - Completed (on track to complete) 30 vaginal deliveries and minimum of 5 assisted caesarian sections.

Applicant Signature: _____ Date: _____