Welcome to the Rites of Spring process!!! This is your chance to express your preferences about your rotations for next year. Below, you will find a number of items to indicate your preferences about. Please note, though, that probably you will not get all of your first choices. Thus, it is very important that you let us know which thing(s) you feel the most strongly about. So, please indicate which issues/choices matter the most to you.

Your rotations for your PGY-2 year will include:
- 4 months inpatient psychiatry
- 4 months consultation-liaison psychiatry
- 1 month emergency psychiatry
- 3 months selective rotations (for choices, please see below)
- continuity clinic one half-day per week

Please let us know the following:

1. Your Name: ________________________________

2. Where would you like to have your continuity clinic? (1=most desired, 3=least desired)

   _____ VA    _____ Harborview    _____ University (UPOC)

3. You will do inpatient at Harborview (1-2 months) and either UWMC (2 months) OR the VA (3 months), whichever you did NOT do as a PGY-1. If you will be doing VA inpatient, and would like to do your VA rotation on 7W (PTSD service), please indicate that here:

   _____ I would like to do the VA PTSD inpatient service (7W)

4. For most of you, your 4 months of consults will include 2 months at Harborview, 1 month at UWMC, and 1 month at the VA. If you have any comments/preferences regarding when and where you do consults, please indicate this on the rotation diagram on the next page.

5. Your emergency psychiatry (ER) month will be a daytime rotation at Harborview. PLEASE NOTE that you cannot take vacation during your ER month. In addition, during the ER month, you are expected to be in the ER at 4:30 p.m. on your clinic day (i.e. you may need to move some patients to earlier times on your clinic day for this month). Please note any preferences about the timing of your ER month on the rotation diagram below.

6. Please indicate your preferences for selective rotation time below, with 1=most desired, 5=least desired.

   _____ 2 months inpatient child psychiatry at Children’s
   _____ 2 months outpatient VA Addictions Treatment Center
   _____ 1 month forensic psychiatry at Western State Hospital
   _____ 1 month geriatric psychiatry consults at Harborview
   _____ 2-3 months Recovery rotation (community psychiatry) at HMC (please specify # months: ____)
   _____ 1-2 months child psychiatry in Casper, Wyoming (please specify # months: ____)
   _____ 1-3 months research (please specify number of months you are requesting: ____)
   _____ 1 month inpatient addictions at VA or HMC (please indicate site you prefer: ____)

Please indicate which issues/choices matter the most to you.
PLEASE FILL OUT YOUR IDEAL SCHEDULE BELOW:

**ROTATION REQUEST FORM**

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Please use the space below to propose a rotation schedule for next year:

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**PLEASE WRITE YOUR COMMENTS, SPECIAL REQUESTS, ETC. BELOW:**