Welcome to the annual Rites of Spring process! As some of you know, this is your opportunity to express your preferences about your rotations for next year. Below, you will find a number of choices regarding your schedule for next year for you to give your preferences about. Please note, though, that you may not end up with 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. Here goes:

1. Your Name: _____________________________________

2. Your R3 year will be an outpatient year. You will do half a day per week didactics (Thursday morning), half a day per week supervision, and either 1) one day a week Child and 3 days a week adult outpatient for 12 months OR 2) two days a week Child, 2 days a week adult outpatient for 6 months and 4 days a week adult outpatient for the other 6 months. PLEASE NOTE that if you did 2 months inpatient Child as an R2, you do NOT need to do any Child rotation in your R3 year.

3. For your Child rotation, please see descriptions of Child rotations on the website, and indicate your preferences (1=most desired, 3=least desired):
   - _____ Child Study & Treatment Center (Wed and Fri for 6 months)
   - _____ Echo Glen (Tuesdays; 12 months)
   - _____ Lake City Way Clinic (Tuesdays; 12 months)

   Are you planning to do a Child and Adolescent Psychiatry fellowship? _____ yes _____ no
   If yes, do you plan to start Child as a: _____ R4 _____ R5

   IF YOU ARE PLANNING TO DO A CHILD FELLOWSHIP starting as an R4, you do NOT need to do a Child rotation during the general psychiatry residency unless you want to (e.g. to decide about or confirm your interest in Child). To enter a Child fellowship in your R4 year, you need to apply through the Child Match in the fall of your R3 year. If you wish to apply to our Child program, you may avoid the Match by applying before July 1 (i.e. before the end of your R2 year). For further information, please contact Chris Varley M.D. or Zelah Bonneu at 987-3236, cvarley@u.washington.edu, or zelah@u.washington.edu

4. For your adult outpatient psychiatry, you can be at either one or two sites. One site should be where you already have your continuity clinic (LTCC/PRCC). Please indicate your preferences for outpatient sites (1=most desired, 3=least desired):
   - PRIMARY SITE: (2 days a week) _____ VA _____ HMC _____ UWPOC
   - Do you want a secondary site? _____ yes _____ no, I want to do all outpatient at one site
   - SECONDARY SITE: _____ VA _____ HMC _____ UWPOC

   Please note that for 2008-2009, we will again offer 6-month Integrated Outpatient rotations at the VA and HMC. The VA integrated outpatient rotation will consist of 6 months full-time VA outpatient (includes one half-day didactics, one half-day continuity clinic at your current continuity clinic site, one half-day VA continuity clinic, one half-day supervision, and completion of your Addictions, Geriatrics, and
Primary Care consultation requirements at the VA, as applicable). The HMC integrated outpatient rotation consists of one half-day didactics, one half-day to a full day continuity clinic at your current continuity clinic site, one half-day supervision, and community psychiatry at HMC, including the opportunity to complete your addictions and geriatrics requirements, if you wish.

If you are interested in the Integrated VA outpatient rotation, please indicate that here:  _____
If you are interested in the Integrated HMC outpatient rotation, please indicate that here:  _____

5. If you are interested in doing research during your R3 year, please discuss this with me. You may do a research elective one or two days per week for up to 12 months OR full-time for up to 6 months of the year, as long as you have a mentor and a proposed project.

6. Please indicate your ideal schedule on the rotation diagram on the next page. If you have any comments or special requests about your schedule, please write them in under the rotation diagram (and, even better, please talk to me about them!). Thanks!
PLEASE FILL OUT YOUR IDEAL SCHEDULE BELOW:

**ROTATION REQUEST FORM**  
Name _______________________

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: