



**Graduate Medical Education
Family Medicine Residency**

1600 S. Andrews Avenue, Ft. Lauderdale, FL 33316
Phone 954.468.5201 ♦ Fax 954.712.2996

Date: _____

_____ (Resident) has set up an **Broward Health Elective***
rotation with _____ (Physician) in the field of
_____ (Specialty Area) from
_____ to _____ (Dates).

***NBHD Elective must be with a District physician; can be either medicine or surgery**

Approved: _____

Location of Elective:

Denied: _____

Address

City/State/Zip

Telephone #

Paula Anderson-Worts, D.O., M.P.H.
Program Director Family Medicine Residency