



**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 **Selective Medicine*** rotation

with _____ (Physician) in the field of

_____ (Specialty Area) from

_____ to _____ (Dates).

***Selective Medicine must be with a District physician; specialties include: Allergy & Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Geriatrics, Hematology, Infectious Diseases, Nephrology, Neurology, Oncology, Pulmonology, and Rheumatology.**

Approved: _____

Location of Elective:

Denied: _____

Address

City/State/Zip

Telephone #

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