

Request Instructions

Allopathic medical students are required to submit elective rotation requests using the VSAS application on the www.aamc.org website. Students may contact the appropriate department listed below for availability prior to submitting the VSAS application.

Students will receive a VSAS email notification with the department's decision to approve or not approve a request.

Osteopathic medical students and **Physician Assistant** students are required to submit elective rotation requests by sending an email to the department contact noted below. Copy and paste the following form and completed information into your email text:

Name:
School/Class of:
Elective Name:
Begin Date (Monday only):
End Date (Friday only):
Alternate dates:
Email Address:
Phone Number:

Students will be notified by email of the department's decision to approve or not approve a request.

| Department | Send request to | Phone# |
|--------------------|-----------------------------|--------------|
| Anatomic Pathology | Kelliann.Ripperger@lvhn.org | 610-402-2554 |
| Anesthesia | Kelliann.Ripperger@lvhn.org | 610-402-2554 |
| Dental Medicine | Kelliann.Ripperger@lvhn.org | 610-402-2554 |
| Emergency Medicine | Dawn.Yenser@lvhn.org | 484-884-2888 |
| Family Medicine | Kelliann.Ripperger@lvhn.org | 610-402-2554 |
| Internal Medicine | Shelly.Ketchens@lvhn.org | 610-402-4412 |
| OBGYN | Craig.Koller@lvhn.org | 610-969-2413 |
| Pediatrics | Katherine.Adams@lvhn.org | 610-402-7632 |
| Psychiatry | Kelliann.Ripperger@lvhn.org | 610-402-2554 |
| Radiology | Kelliann.Ripperger@lvhn.org | 610-402-2554 |
| Surgery | Kelliann.Ripperger@lvhn.org | 610-402-2554 |