



To Add or Edit a Rotation Name

Program that owns the rotation	
Name of rotation	
Type of Rotation (core, elective or selective)	
Abbreviated name of rotation	
Background color, if applicable	
Description of rotation <i>(i.e. frequency, is there an LOA, which physicians, etc.)</i>	
Does the rotation require a curriculum	
Contact information of rotation	
Name the Location(s)– <i>And What percentage of time is spent at each location? (should equal 100%)</i>	
Effective dates of the rotation	
Length of the typical day for this rotation <i>(hours/day)</i>	