

P.O. Box 966  
Nome, Alaska 99762  
MedicalStaffOffice  
Rotation  
Program  
Director  
MarcLevin, MD Email  
address  
mlevin@nshcorp.org

## Request For Resident/Student Rotation

Thank you for your interest in applying for Medical Resident/Student Rotation. Residents/Students will learn first-hand about the communities, cultures and unique challenges of healthcare in Alaska at our tribally owned and operated facilities.

## Housing & Travel:

Housing will be provided for Residents, Medical Students, Physician Assistants and Nurse Practitioners.

Travel fundings only for 3<sup>rd</sup> & 4<sup>th</sup> Year Residents. All travel will be done by the NSHC administration. Do not buy a ticket without prior authorization. The site will not reimburse you.

Norton Sound Health Corporation  
P.O. Box 966  
Nome, Alaska 99762  
Rotation Program Director  
Marc Levin, MD  
Email address: mlevin@nshcorp.org

### Personal Information:

Last Name	First Name	Middle Name or Middle Initial	Professional Degree
-----------	------------	-------------------------------	---------------------

College or Medical School:			
Name of Institution		Start Date	Finish Date
Complete Address			
Phone Number	Fax Number	E-Mail Address	Specialty Pursuing in Residency