Cleveland Clinic Florida

MEDICAL STUDENT ELECTIVE ROTATION APPLICATION

Please complete this application and submit to **Medstudents@ccf.org**.
For questions, please review the FAQ's section or contact the above email address.

Student's Name: _____
       Last   First   Middle Initial

Medical School Name: _____

Student's School E-mail Address: _____

Clinical Coordinator's Name: _____ Email: _____

Student's Phone #: _____ Last 4 digits of SSN: _____

Gender: Female   Male   Non-Binary

For onboarding purposes, are you a U.S. Citizen and/or Permanent Resident?   Y   N If no, please provide the following:
Passport Exp. Date: _____ Visa Type: _____ Visa Exp. Date: _____

USMLE STEP 1, Step 2, or COMLEX SCORE (Circle One): _____ *(enter 3-digit score or Pass/Fail for Step 1)*

Date or Expected Date of Core Completion: _____
All core rotations must be completed prior to the start of your first elective rotation.

USMLE Step 1 or 2
Minimum: Pass
COMLEX
Minimum: Pass
Minimum score requirements are subject to change.

Projected Date of Graduation: _____

What type of Residency do you wish to pursue? _____

Are you currently scheduled or previously completed any rotation(s) at CCFL Weston?   Y   N

Are you currently scheduled or previously completed any rotation(s) at any CC hospital?   Y   N
If yes, please specify which hospital(s): _____

Are you aware of any limitation that would prevent you from performing the duties of the rotation for which you are applying?   Y   N
If yes, please explain: _____

REQUESTED ELECTIVE ROTATION(S): (Please note application submission dates if applying for multiple rotations)

Electives Requested (in order of preference)	Dates Requested	Alternate Dates

CANCELLATION POLICY: Please note, we have a 90-day prior written cancellation policy. Once you have confirmed your rotation, your school will be billed if you cancel within 90 days of the rotation start date.

OFFERED ELECTIVE ROTATIONS: (Availability is subject to change)

Please visit the **Medical Student Education website** for rotation specific details.

Allergy/Immunology	**Gastroenterology**	**Neurology**	Rheumatology
***Anesthesiology**	**General Surgery (MIS/Bari)**	Neurosurgery	Sports Medicine (off-site)
Breast Surgery	Gynecology (Ambulatory/Operative)	*Orthopedic Surgery	Surgical ICU
Cardiology		*Orthopedic Sports Medicine	Transplant Hepatology
Colorectal Surgery	Hematology/Oncology & Radiation Oncology (Mix)	Otolaryngology	Transplant Surgery
Critical Care	Infectious Disease	*Pathology	Urology
Emergency Medicine	**Internal Medicine Sub-I**	***Plastic Surgery**	Vascular Medicine
Endocrinology	**Nephrology & Hypertension**	**Pulmonary Medicine**	Vascular Surgery
Family Medicine Sub-I		Radiology	

*Availability may vary and/or require department pre-approval or other pre-requisites.
Rotations in **BOLD** have a corresponding ACGME accredited residency/fellowship program.
All electives listed are 4 weeks in duration and start the first Monday of each month unless that Monday is a holiday.

ELECTIVE START DATES and APPLICATION SUBMISSION DATES:

ROTATION DATES	SUBMISSION DATES (opens 12 midnight)
5/6/24-5/31/24	1/1/24-3/31/24
6/3/24-6/28/24	2/1/24-4/30/24
7/1/24-7/26/24	3/1/24-5/31/24
8/5/24-8/30/24	4/1/24-6/30/24
9/3/24 (Tuesday)-9/27/24	5/1/24-7/31/24
10/7/24-11/1/24	6/1/24-8/31/24
11/4/24-11/29/24	7/1/24-9/30/24
12/2/24-12/27/24	8/1/24-10/31/24
1/6/25 - 1/31/25	9/1/24-11/30/24
2/3/25-2/28/25	10/1/24-12/31/24
3/3/25-3/28/25	11/1/24-1/31/25
4/7/25-5/2/25	12/1/24-2/28/25
5/5/25-5/30/25	1/1/25-3/31/25
6/2/25-6/27/25	2/1/25-4/30/25

Incomplete or applications received outside of the submission dates will not be considered.

Please include the following items with your application:
• **Professional front facing headshot photo with solid light-colored background (JPG Format)**
• **CV/Resume**
• **Background Check (dated within 1 year of rotation)**
• **PPD (dated within 1 year of rotation) or Negative Chest X-Ray (dated within 2 years of the rotation)**

Applications are processed on a first come, first served basis. Please note, due to the high volume of applicants, scheduling is more competitive during certain times of the year (April-November).

Students will be notified via email of acceptance, denial, or wait-list status within 30 days of the application submission date.

Thank you for your interest in elective rotations at CCFL. We look forward to receiving your application!