

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

Date or Expected Date of Core Completion: _____

**All core rotations must be completed prior to the start of your first elective rotation.*

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)

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

CANCELLATION POLICY: 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 [Undergraduate Medical 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)	* Neurosurgery Sub-I	Surgical ICU
Cardiology		*Orthopedic Surgery	
Colorectal Surgery	Hematology/Oncology & Radiation Oncology (Mix)	*Orthopedic Sports Medicine	Transplant Hepatology
Critical Care	Infectious Disease	Otolaryngology	Transplant Surgery
Emergency Medicine	Internal Medicine Sub-I	*Pathology	Urology
Endocrinology	Nephrology & Hypertension	*Plastic Surgery	Vascular Medicine
*Family Medicine Sub-I		Pulmonary Medicine	Vascular Surgery
		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.*

ELECTIVE START DATES and APPLICATION SUBMISSION DATES:

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

All electives listed are 4 weeks in duration and start the first Monday of each month unless that Monday is a holiday.

Please include the following items with your application:

- Professional front-facing headshot photo with solid, white background (JPG Format)
- Current curriculum vitae
- Copy of current year's health insurance card or proof of health insurance
- Step 1 or 2, or COMLEX 1 or 2 score
- Copy of Passport & Visa (if not a US Citizen)

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

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