

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.*

Projected Date of Graduation: _____

What type of Residency do you wish to pursue? _____

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

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

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!