

## MEDICAL STUDENT ELECTIVE ROTATION APPLICATION

Please complete this application and submit to <a href="Medstudents@ccf.org">Medstudents@ccf.org</a>.
For questions, please review the FAQ's section or contact the above email address.

St	udent's Name:					
		Last	First		Middle Initial	
M	edical School Name:					
St	udent's School E-mail	Address:				
Cli	inical Coordinator's N	ame:	Email:			
St	udent's Phone #:		Gender: □ Female	□ Male □ No	on-Binary	
	or onboarding purpose e following:	es, are you a U.S. Citizer	n and/or Permanent	Resident?	Y□ N If no, please provide	<b>;</b>
	•	Visa Ty	pe:	Visa Exp.	Date:	
		COMLEX 1 or 2 (Circle Or ass/Fail for Step 1/COMI				
	-	of Core Completion:				
'Ali	l core rotations must l	pe completed prior to the	e start of your first el	ective rotati	on.	
Pr	ojected Date of Grad	uation:				
W	hat type of Residency	do you wish to pursue?	·			_
Ar	e you currently sched	luled or previously com	pleted any rotation(	s) at CCFL W	eston? ☐ Y ☐ N	
	= =	luled or previously com nich hospital(s):	· · · · · · · · · · · · · · · · · · ·		_	
wl	e you aware of any li hich you are applying yes, please explain: _	? □ Y □ N	event you from perfo	orming the d	luties of the rotation for	
RE	QUESTED ELECTIVE R	OTATION(S): (Please not	te application submiss	ion dates if a	pplying for multiple rotations	)
	Requested Rotation	(in order of preference	) Dates Requested		Alternate Dates	

<u>CANCELLATION POLICY:</u> 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	*Orthopedic Surgery	Surgical ICU
Cardiology	(Ambulatory/Operative)	*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	<b>Pulmonary Medicine</b>	Vascular Surgery
*Family Medicine Sub-I		Radiology	

<sup>\*</sup>Availability may vary and/or require department pre-approval or other pre-requisites.

Rotations in **BOLD** have a corresponding ACGME accredited residency/fellowship program.

\*\* ACGME accredited residency/fellowship program effective 7/1/2025.

## **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

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!