



# MEDICAL STUDENT ELECTIVE ROTATION APPLICATION

Please complete this application and submit to [Medstudents@ccf.org](mailto:Medstudents@ccf.org).  
For questions, please review the FAQ's section or contact the above email address.

Student's Information: \_\_\_\_\_  
Last First Middle Initial

Medical School Name: \_\_\_\_\_

Student's School E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

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)

USMLE Step 1 or 2 Minimum: <b>220</b> COMLEX Minimum: <b>550</b>
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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 for or have you previously completed any rotation(s) at CCF?  No  Yes

Are you aware of any limitation that would prevent you from performing the duties of the rotation for which you are applying?  No  Yes

If yes, please explain: \_\_\_\_\_

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

\*Availability may vary and/or require department pre-approval or other pre-reqs.

\*\*Rotation has 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
3/1/21 – 3/26/21	11/1/20 – 1/31/21
4/5/21 – 4/30/21	12/1/20 – 2/28/21
5/3/21 – 5/28/21	1/1/21 – 3/31/21
6/7/21 – 7/2/21	2/1/21 – 4/30/21
7/6/21 (Tuesday) – 7/30/21	3/1/21 – 5/31/21
8/2/21 – 8/27/21	4/1/21 – 6/30/21
9/7/21 (Tuesday) – 10/1/21	5/1/21 – 7/31/21
10/4/21 – 10/29/21	6/1/21 – 8/31/21
11/1/21 – 11/26/21	7/1/21 – 9/30/21
12/6/21 – 12/31/21	8/1/21 – 10/31/21
1/3/22 – 1/28/22	9/1/21 – 11/30/21
2/7/22 – 3/4/22	10/1/21 – 12/31/21
3/7/22 – 4/1/22	11/1/21 – 1/31/22
4/4/22 – 4/29/22	12/1/21 – 2/28/22

Applications received outside of the submission dates will not be considered.

**APPLICATION DETAILS:**

Please include the following items with your application:

- Photo (JPG Format)
- CV/Resume

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 (March-October).

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 CCF. We look forward to receiving your application!