Cleveland Clinic

MEDICAL STUDENT ELECTIVE ROTATION APPLICATION

Please complete this application and submit to <u>Medstudents@ccf.org</u> . 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: Gender: Female Male Non-E	Binary		
the following:	U.S. Citizen and/or Permanent Reside Visa Type: Visa		
USMLE STEP 1, Step 2, or COMLEX SC	CORE (Circle One): (enter 3	-digit score or Pass/Fail for Step 1)	
Date or Expected Date of Core Comp *All core rotations must be completed pr	letion: ior to the start of your first elective rotation	USMLE Step 1 or 2 Minimum: Pass COMLEX	
Projected Date of Graduation:		Minimum: Pass *Minimum score	
What type of Residency do you wish	to pursue?	requirements are	
Are you currently scheduled or previ	ously completed any rotation(s) at CO ously completed any rotation(s) at ar s):	y CC hospital? 🗆 Y 🛛 N	
which you are applying? 🗆 Y 🗆 N	would prevent you from performing		
REQUESTED ELECTIVE ROTATION(S):	(Please note application submission dat	es 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 <u>Medical Student Education website</u> for rotation specific details.					
Immunology (off-site)	Gastroenterology	Neurology	Rheumatology		

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

*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)
7/3/23-7/28/23	3/1/23-5/31/23
8/7/23-9/1/23	4/1/23-6/30/23
9/5/23 (Tuesday)-9/29/23	5/1/23-7/31/23
10/2/23-10/27/23	6/1/23-8/31/23
11/6/23-12/1/23	7/1/23-9/30/23
12/4/23-12/29/23	8/1/23-10/31/23
1/2/24 (Tuesday)-1/26/24	9/1/23-11/30/23
2/5/24-3/1/24	10/1/23-12/31/23
3/4/23-3/29/24	11/1/23-1/31/24
4/1/24-4/26/24	12/1/23-2/29/24
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

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

Please include the following items with your application:

- Professional Photo (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!