MEDICAL STUDENT ELECTIVE ROTATION APPLICATION

or questions, please cont	tact the above email address.			
Medical School Name:	Medical School ID #:			
Student's Information:				
	Last	First		Middle Initial
chool E-mail Address:				
JSMLE STEP 1 or 2 SCORE	(or COMLEX): (enter 3	B-digit score)	ISMI F Sten 1	or 2 Minimum: 220
Date of Graduation:		COMLEX M		
Medical School Start Date				
ate of First Clinical Rotat	tion:			
EQUESTED ELECTIVE RO	TATION/S: (Please see dates and	d deadline info bel	ow)	
Elective	Dates	Alternate Elective		Alternate Dates
Are you aware of any limi	tation that would prevent you fi	rom performing th	e duties of th	e rotation for which you
	If yes, please explain:	• •		•
Il pre-requisites must be r	met before you are approved for a	an elective rotation	, including the	completion of <u>ALL</u> Core
	nal year medical student. Please n			
eed to cancel the rotation	and it is within 90 days of the rot	tation start date, yo	our school will	be billed.
	Offered Elec	ctive Rotations:		
Allergy/Immunology	Gastroenterology	Neurosurgery		Rheumatology
Anesthesia*	General Surgery (MIS)	Oncology/ Hematology		Sports Medicine (Off S WPB)
Breast Surgery	Geriatrics*	Orthopedic Surgery		Urology
Cardiology (Clinical)	Gynecology- Ambulatory	Otolaryngology		Transplant
Colorectal Surgery	Infectious Disease	Pathology		Vascular Surgery
Critical Care	IM Sub I	Plastic Surgery*	•	
Emergency Medicine	Nephrology	Pulmonary		

Important Dates and Deadlines:

Radiology

*May require pre-approval.

- All rotations begin on the ****1st Monday** of each month (******If Monday is an observed holiday, the rotation will begin on that Tuesday)-NO exceptions to these dates.
- All rotations are 4 weeks in duration.

Endocrinology*

Cleveland Clinic

Florida

- Application submission dates: The 1st of the month, 4 months prior to the rotation. (Ex. Apply March 1st for the July rotation).
- Applications submitted within 30 days of a rotation, may not be accepted.

Neurology