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|  | **MEDICAL STUDENT ELECTIVE ROTATION APPLICATION** |

**Please complete this application and submit to** [**Medstudents@ccf.org**](mailto:Medstudents@ccf.org)**.**

**For questions, please contact the above email address.**

**Medical School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical School ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Information: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Last First Middle Initial**

**School E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**USMLE STEP 1 or 2 SCORE (or COMLEX):** \_\_\_\_\_\_\_\_ *(enter 3-digit score)*

**USMLE Step 1 or 2 Minimum: 220**

**COMLEX Minimum: 550**

**Date of Graduation: ­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical School Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of First Clinical Rotation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUESTED ELECTIVE ROTATION/S: (Please see dates and deadline info below)**

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| --- | --- | --- | --- | --- |
| **Elective** | **Dates** |  | **Alternate Elective** | **Alternate Dates** |
|  |  |  |  |  |
|  |  |  |  |  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All pre-requisites must be met before you are approved for an elective rotation, including the completion of ALL Core rotations and status as a final year medical student. Please note we have a 90 day prior written cancellation policy. If you need to cancel the rotation and it is within 90 days of the rotation start date, your school will be billed.**

**Offered Elective Rotations:**

|  |  |  |  |
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| Allergy/Immunology | Gastroenterology | Neurosurgery | Rheumatology |
| Anesthesia**\*** | General Surgery (MIS) | Oncology/ Hematology | Sports Medicine ( Off Site 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**\*** | **\***May not currently be |
| Emergency Medicine | Nephrology | Pulmonary | available and/or may |
| Endocrinology**\*** | Neurology | Radiology | require pre-approval. |

**Important Dates and Deadlines:**

* **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.**
* **Application submission dates: The 1st of the month, 4 months prior to the rotation.**
* **Application cutoff dates: 1 month prior to the rotation**