

MEDICAL STUDENT ELECTIVE ROTATION APPLICATION

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

Student's Naille:	Last	First	Middle II	nitial
Medical School Name	::			
Student's School E-ma	ail Address:			
Clinical Coordinator's	Name:	Email: _		
Student's Phone #:		Last 4 digits of SSN	J:	_
Gender: □ Female □	Male □ Non-Binary			
For onboarding purpo	oses, are you a U.S. Citiz	en and/or Permanent R	esident? □Y □N I	f no, please provide
Passport Exp. Date: _	Visa T	¬уре:	Visa Exp. Date:	
USMLE STEP 1, Step 2	, or COMLEX SCORE (Cir	cle One): (er	nter 3-digit score or F	Pass/Fail for Step 1)
Date or Expected Dat *All core rotations must		USMLE Step 1 or 2 Minimum: 220 COMLEX		
Projected Date of Gra		Minimum: 550 *Minimum score requirements are		
What type of Residen		subject to change.		
Are you currently sch If yes, please specify v	-	mpleted any rotation(s)	at any CC hospital?	□ Y □ N
REQUESTED ELECTIVE	ROTATION(S): (Please r	note application submissio	on dates if applying fo	r multiple rotations)
Electives Requested	d (in order of preference	e) Dates Requested	Alternate D	Pates

<u>CANCELLATION POLICY:</u> 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	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)
5/2/22 - 5/27/22	1/1/22 - 3/31/22
6/6/22 – 7/1/22	2/1/22 – 4/30/22
7/5/22 (Tuesday) – 7/29/22	3/1/22 - 5/31/22
8/1/22 - 8/26/22	4/1/22 – 6/30/22
9/6/22 (Tuesday) – 9/30/22	5/1/22 - 7/31/22
10/3/22 – 10/28/22	6/1/22 - 8/31/22
11/7/22 – 12/2/22	7/1/22 – 9/30/22
12/5/22 – 12/30/22	8/1/22 - 10/31/22
1/3/23 (Tuesday) – 1/27/23	9/1/22 – 11/30/22
2/6/23 – 3/3/23	10/1/22 - 12/31/22
3/6/23 – 3/31/23	11/1/22 - 1/31/23
4/3/23 – 4/28/23	12/1/22 – 2/28/23
5/1/23 - 5/26/23	1/1/23 – 3/31/23
6/5/23 – 6/30/23	2/1/23 – 4/30/23

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!