



# UNDERGRADUATE MEDICAL EDUCATION ROTATION APPLICATION

Please complete this application and submit to [Medstudents@ccf.org](mailto:Medstudents@ccf.org). For questions, please review the FAQs 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:  Female  Male  Non-Binary

For onboarding purposes, 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 or Pass/Fail for Step 1)

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? \_\_\_\_\_

USMLE Step 1 or 2

Minimum: **Pass**

COMLEX

Minimum: **Pass**

*\*Minimum score requirements are subject to change.*

Are you currently scheduled or previously completed any rotation(s) at CCFL Weston?  Y  N

Are you currently scheduled or previously completed any rotation(s) at any CC hospital?  Y  N

If yes, please specify which hospital(s): \_\_\_\_\_

Are you aware of any limitation that would prevent you from performing the duties of the rotation for which you are applying?  Y  N

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

**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 [Undergraduate Medical Education website](#) for rotation specific details.

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

\*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)
5/6/24-5/31/24	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
9/3/24 (Tuesday)-9/27/24	5/1/24-7/31/24
10/7/24-11/1/24	6/1/24-8/31/24
11/4/24-11/29/24	7/1/24-9/30/24
12/2/24-12/27/24	8/1/24-10/31/24
1/6/25 - 1/31/25	9/1/24-11/30/24
2/3/25-2/28/25	10/1/24-12/31/24
3/3/25-3/28/25	11/1/24-1/31/25
4/7/25-5/2/25	12/1/24-2/28/25
5/5/25-5/30/25	1/1/25-3/31/25
6/2/25-6/27/25	2/1/25-4/30/25

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

**Please include the following items with your application:**

- Professional front facing headshot photo with solid light-colored background (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!**