



## Medical Student Rotation Application

The Medical Student Rotation Program teaches students essential clinical and practical skills. Participating students rotate with Stony Brook Southampton Hospital faculty and residents in a variety of specialties areas.

### Application Process

Clinical rotations are available to students in their final year of medical school. Students will be charged a non-refundable application fee of **\$50.00**. Applications submitted without payment will not be reviewed. A completed application must be sent to **Medical Student Coordinator**. Please indicate on the application the preferred rotation and dates available. Our rotations are four (4) weeks in length. ***Applications for less than four (4) weeks will not be considered.***

***\*All rotations are subject to a fee\* please follow up with the Medical Student Coordinator.***

Once an elective rotation is secured, students will be required to submit a deposit of \$250 to secure their rotation. This fee will be applied to their rotation fee. In the event a student cancels their rotation, this fee is ***non-refundable***.

Please complete the below credit/ debit card authorization:

I authorize \_\_\_\_\_ Stony Brook Southampton Hospital to charge my credit card for the application fee payment of \$50.00

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Please send application to Medical Student Coordinator in Department of Medical Education.***

Send PDF application

Marby Y. Bandon

Senior Medical Student Coordinator

[Marby.Bandon@stonybrookmedicine.edu](mailto:Marby.Bandon@stonybrookmedicine.edu)

631-726-0409

### For GME office use ONLY

Processed by (Initials and Date): \_\_\_\_\_ Approved ☐ Denied ☐ Waiting List ☐

Application Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_ Block: \_\_\_\_\_



## Rotation Requirements

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The following is required after approval. Attestation must be fill out by school.

Certificate of Malpractice Insurance  
Health Requirements  
Personal Health Insurance  
Letter of Good Standing

**Cancellation Policy:** Once your assignment has been confirmed, either by phone and/or mail, you are expected to complete the rotation. While cancellation may be necessary, please do so at **least 90 days in advance.** **Again, rotation deposits are non-refundable.**

**Housing:** Subsidized housing ***may or may not be available*** at ***the Stony Brook Southampton College campus***, which is approximately 10 minutes away from the hospital campus. This housing is provided in the form of dorm- style housing with a private bedroom and shared living space. The average cost of this housing is ***\$800-1050/ rotation.*** Housing is available on a ***first-come, first-served basis.*** In the event Stony Brook Southampton Hospital cannot provide housing, students are responsible for their own accommodation arrangements. The Office of Medical Education does not supply housing information outside the campus.

**Transportations:** Students are responsible for their own transportation to and from the hospital/office site.

**Parking:** Parking is provided at no charge. Students must park in the Employee Parking Lot or in the Annex Parking Lot. Visitor and Emergency Parking Lots are off limits

**White Coats:** Be sure to bring your white coat; it is required that you wear one while on the premises of Stony Brook Southampton Hospital or any off-site clinics.

**Miscellaneous:** Students are expected to bring their own diagnostic equipment and textbooks.



## Personal Information

Name \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Other \_\_\_\_\_ Gender Pronoun: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Email Address (preferred) \_\_\_\_\_ or \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation: \_\_\_\_\_

## School/Rotation Information

Undergraduate College \_\_\_\_\_

Medical School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Placement Coordinator \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Planned Specialty \_\_\_\_\_

3<sup>rd</sup> Year Clerkship Location:

\_\_\_\_\_

## Housing

If Housing is offered at a subsidized rate. Will you be requiring housing? ☐ Yes ☐ No



## Rotation Selection

Please select a choice of rotation date in order of preference (1, 2, 3)

**Note: Applications for less than four (4) weeks will not be considered.** Rotations are available based upon first-come first-served basis.

- ☐ Family Medicine SUB I (ONLY during the months of *July through December*)
- ☐ Internal Medicine SUB I (ONLY during the months of *June through December*)
- ☐ ELECTIVE (ONLY during the months of *January through June*)

## Available Elective Rotations

- Addiction Medicine
- Cardiology
- Emergency Medicine
- Family Medicine
- ICU/Night Flow
- Infectious Disease

- Internal Medicine
- Neurology
- NMM Family Medicine
- Palliative Care
- Social Medicine

1. 07/01/23 – 07/30/23
2. 07/31/23 – 08/27/23
3. 08/28/23 – 09/24/23
4. 09/25/23 – 10/22/23
5. 10/23/23 – 11/19/23
6. 11/20/23 – 12/17/23
7. 12/18/23 – 01/14/24

8. 01/15/24 – 02/11/24
9. 02/12/24 – 03/10/24
10. 03/11/24 – 04/07/24
11. 04/08/24 – 05/05/24
12. 05/06/24 – 06/02/24
13. 06/03/24 – 03/30/24

Rotation (Choice 1): \_\_\_\_\_

Start Date: Choice 1 \_\_\_\_\_  
Choice 2 \_\_\_\_\_  
Choice 3 \_\_\_\_\_

Rotation (Choice 2): \_\_\_\_\_

Start Date: Choice 1 \_\_\_\_\_  
Choice 2 \_\_\_\_\_  
Choice 3 \_\_\_\_\_

**Please answer the following questions:**

Why are you interested in this particular Sub I/Elective?

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In addition, why are you interested in Stony Brook Southampton Hospital?

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Did you pass your **USMLE Step 1** OR **COMLEX I** the first time you took it? ☐ Yes ☐ No  
If No, please write in how many times you took it before passing. \_\_\_\_\_

Did you pass your **USMLE Step 2** OR **COMLEX II** the first time you took it? ☐ Yes ☐ No  
If No, please write in how many times you took it before passing. \_\_\_\_\_

What was your **USMLE Step 2** OR **COMLEX II** score? \_\_\_\_\_

Will you be participating in the NRMP Match? ☐ Yes ☐ No

**How did you hear about our program?**

☐ College / University Referral (Please specify)

\_\_\_\_\_

☐ Friend / Colleague/Word of Mouth

\_\_\_\_\_

☐ Internet (Please specify website)

\_\_\_\_\_

☐ Other (Please specify)

\_\_\_\_\_

*I have read the Audition Rotation Eligibility Policy and by submitting this application, I certify I meet the eligibility requirements to the best of my knowledge. \_\_\_\_\_ (Initial)*

*I certify that the above information is correct to the best of my knowledge at the date of this application. I understand that completing this application does not guarantee an offer of placement by Stony Brook Southampton Hospital and that my application fee of \$25 is non-refundable. I also understand that if an audition rotation is secured, I will be responsible for paying a \$250 non-refundable deposit.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Stony Brook Southampton Hospital shall admit students of any race, color, religion, sex, age, national origins or ancestry, handicap, or status as a disabled or Vietnam veteran, to all rights, privileges, programs and activities generally accorded or made available to all of the students involved in any of the hospital's educational programs.

Stony Brook Southampton Hospital will not discriminate on the basis of race, color, religion, sex, age, nation origins or ancestry, handicap, or status as a disabled or military veteran, in the administration of its educational policies, admissions policies, training programs, stipend awards and all other such administrated programs.