



## 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. A **non-refundable application fee of \$50.00** is required. Applications submitted without payment will not be reviewed.

A completed application must be submitted to the Medical Student Coordinator. Please indicate your preferred rotation and available dates on the application. All rotations are four (4) weeks in length; applications for rotations shorter than four weeks will not be considered.

**Note: All rotations are subject to a fee.** Please follow up with the Medical Student Coordinator for details.

Once an elective rotation is secured, students must submit a deposit to confirm their placement. This deposit will be applied toward the total rotation fee. However, if a student cancels their rotation, the deposit is non-refundable.

Please complete the credit/debit card authorization form below.

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

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 **90 days in advance. Again, rotation deposits are non-refundable.**

**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.

**Housing:** students are responsible for their own accommodation arrangements. The Office of Medical Education does not supply housing information outside the campus.

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:  
\_\_\_\_\_

#### Visa Status

- Eligible to work in the US
- Visa Needed
  - J-1 Visa
  - H-1B

### Rotation Selection

Please select your preferred rotation dates in order of preference (1, 2, 3). Additionally, indicate whether the rotation is a Sub-Internship (Sub-I) or an Elective by placing a checkmark in the appropriate box.

**Note:** Applications for rotations shorter than four (4) weeks will not be considered. Rotations are assigned on a 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 Rotation (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. 07/01/25 - 07/27/25
- 2. 07/28/25 - 08/24/25
- 3. 08/25/25 - 09/21/25
- 4. 09/22/25 - 10/19/25
- 5. 10/20/25 - 11/16/25
- 6. 11/17/25 - 12/14/25
- 7. 12/15/25 - 01/11/26

- 8. 01/12/26 - 02/08/26
- 9. 02/09/26-03/08/26
- 10. 03/09/26 - 04/05/26
- 11. 04/06/26 - 05/03/26
- 12. 05/04/26 - 05/31/26
- 13. 06/01/26 - 06/28/26

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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Please respond to all the question below:

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 \$50.00 is non-refundable. I also understand that if an audition rotation is secured, I will be responsible for paying a \$250.00 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.