



Family Medicine Audition 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. We offer a limited amount of Audition Rotations. Students will be charged a non-refundable application fee of **\$25**. Applications submitted without payment will not be reviewed. A completed application must be sent to **Jenna Frost**. Please indicate on the application the preferred dates of rotation. Our rotations are four (4) weeks in length. **Applications for less than four (4) weeks will not be considered.** Prior to submitting an application, please see our **Audition Rotation Eligibility Policy** on the website.

Once an audition rotation is secured, each student will be required to submit a deposit of **\$100** to secure their rotation. This fee will be applied to their first month of housing, or refunded at the end of the rotation if they do not need housing (once evaluation is submitted). In the event a student cancels their rotation, this fee is **non-refundable**. Payment is accepted by credit card or check.

***Applications will ONLY be accepted from students who are applying to our Family Medicine Program. Anyone who is not planning to apply to our program the rotation will be considered an elective and the student or school (depending upon Agreement) will be responsible for payment of the elective.**

All checks should be made out to:

Southampton Hospital RPCOM

Mailed to: Department of Medical Education, Stony Brook Southampton Hospital, Attn: Jenna Frost

Check # _____

If paying by credit card, please complete the below credit/ debit card authorization:

I authorize Stony Brook Southampton Hospital to charge my credit card for the application fee payment in the amount of \$25.

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Print Name: _____

All required documents must be sent to Jenna Frost in Department of Medical Education, by electronic mail, fax or mail.

Send PDF application, supporting documentation, and picture ID to:

Department of Medical Education

Stony Brook Southampton Hospital

Attn: Jenna Frost

240 Meeting House Lane

Southampton, NY 11968

631-726-0396 (fax)

jenna.frost@stonybrookmedicine.edu



Medical Education Department (631-726-0409)

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Rotation Requirements

The following is required in order to process your application. Please make sure all supporting documents are sent to Department of Medical Education, Stony Brook Southampton Hospital, 240 Meeting House Lane, Southampton, NY 11968.

Prerequisites

All prerequisites must be met before you are approved for a rotation. This includes the completion of all core rotations and status as a final year medical student when you are scheduled to participate in the rotation.

Certificate of Malpractice Insurance

Most medical schools will provide a certificate of insurance. If your school does not provide malpractice insurance for you on “away” rotations, be sure to provide proof of insurance. You will not be approved without documentation that you have malpractice insurance coverage for your rotation.

Health Requirements

The Office of Medical Education requires medical students to provide proof of the following immunizations:

- Proof of Varicella Rubella, Rubella immunity (serology)
- Proof of Hepatitis B immunity (serology)
- Recent documented PPD (< six month) test or recent chest x-ray (< 1 year) if known PPD positive
- Proof of bloodborne pathogen training *or* training will be provided prior to starting rotation
- Proof of Flu Vaccine – During flu season, evidence of vaccination must be presented

All students must provide health documentation in order to begin a scheduled rotation.

Health Insurance

Proof of health insurance must be provided before the student can start his/her rotation. Stony Brook Southampton Hospital does not provide health insurance to students.

Letter of Good Standing

Please have your school forward a letter of good academic standing and approval of the rotation for credit. An evaluation of your performance on the rotation will be forwarded to your school upon completion of the rotation.

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 is 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.

Meals

Cafeteria meals are at a subsidized rate of 50% off, upon presentation of Stony Brook Southampton Hospital Medical Student ID.

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. Students must register their car (make, model, year & license plate number) by completing a form on their first day at orientation.

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.

Sub-Internship/ Audition Rotations

Requests for Sub-Internship *showcase* rotations can ONLY be made during the months of June through December. All other elective requests should be made *after* the December timeframe. (Please see **Elective Rotation Application**)

Sub-Internship Rotation Blocks

- 07/01/20 – 07/24/20
- 07/27/20 – 08/21/20
- 08/24/20 – 09/18/20
- 09/21/20 – 10/16/20
- 10/19/20 – 11/13/20
- 11/16/20 – 12/11/20
- 12/14/20 – 01/08/21

Medical Student Family Medicine Audition Rotation Application

Name _____ Gender: ☐ Female ☐ Male

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Cell Carrier _____

Email Address (preferred) _____ or _____



Emergency Contact Name _____ Phone _____

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 SI

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|------------------------|------------------------|
| 1. 07/01/20 – 07/24/20 | 5. 10/19/20 – 11/13/20 |
| 2. 07/27/20 – 08/21/20 | 6. 11/16/20 – 12/11/20 |
| 3. 08/24/20 – 09/18/20 | 7. 12/14/20 – 01/08/21 |
| 4. 09/21/20 – 10/16/20 | |

Start Date: Choice 1 _____
 Choice 2 _____
 Choice 3 _____

Housing/Transportation

Housing is offered at a subsidized rate. Will you be requiring housing? ☐ Yes ☐ No
Transportation is required for housing and rotation options.

Do you have any special circumstances or health concerns, which would influence your housing placement?

Please list: _____

School/Rotation Information

Undergraduate College _____

Medical School _____

Address _____

City _____ State _____ Zip _____

School Placement Coordinator _____

Phone _____ Email Address _____

Current Year in School: _____ Anticipated Graduation Date _____

Planned Specialty _____



Have you chosen to focus on Family Medicine in your training? ☐ Yes ☐ No

Will you be receiving academic credit for your rotation? ☐ Yes ☐ No

Please answer the following questions:

Why are you interested in Family Medicine?

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. _____

What was your **USMLE Step 1** OR **COMLEX I** score? _____

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 NMS Match? ☐ Yes ☐ No

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 \$100 non-refundable deposit.

Signature of Applicant

Date



Stony Brook Southampton Hospital

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.