

Medical Student Elective 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 **\$25**. 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 elective rotations are subject to a fee* please follow up with the Medical Student Coordinator.***

Once an elective rotation is secured, each student 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***. Payment is accepted by credit card or check.

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 Medical Student Coordinator 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: Medical Student Coordinator
240 Meeting House Lane
Southampton, NY 11968
631-726-0396 (fax)

For office use ONLY

Processed by (Initials and Date): _____

Approved ☐ Denied ☐ Waiting List ☐

Application Fee: _____ Deposit: _____

Block: _____

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 blood borne 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 **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.

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

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.

Audition Rotations

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

If you are interested in applying to one of the **Stony Brook Southampton Hospital Residency Programs**, the following Sub-I rotations are available:

- Family Medicine
- Internal Medicine

Available Elective Rotations

- Addiction Medicine
- Ambulatory
- Cardiology
- Emergency Medicine
- Family Medicine
- GI
- ICU/Night Flow
- Infectious Disease
- Internal Medicine
- Neurology
- NMM Family Medicine
- Palliative Care
- Social Medicine
- General Surgery

Medical Student Elective Rotation Application



Name _____ Gender: ☐ Female ☐ Male

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Cell Carrier _____

Email Address (preferred) _____ or _____

Emergency Contact Name _____ Phone _____ Relation: _____

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.

Elective Rotation

- | | |
|----------------------------|---------------------------|
| 1. 01/16/2023-01/15/2023 | 4. 04/10/2023-05/07/2023 |
| 2. 02/13/2023 – 03/12/2023 | 5. 5/8/2023 – 06/04/2023 |
| 3. 03/13/2023-04/09/2023 | 6. 06/05/2023 -06/30/2023 |

Rotation (Choice 1): _____

Start Date: Choice 1 _____

Choice 2 _____

Choice 3 _____

Rotation (Choice 2): _____

Start Date: Choice 1 _____

Choice 2 _____

Choice 3 _____

Housing/Transportation

If 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 _____

3rd Year Clerkship Location: _____

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 elective 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 based on 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.