Medical Student Elective Rotation Application

The Medical Student Rotation Program teaches students essential clinical and practical skills. Participating students rotate with 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 completed application must be sent to the Jenna Frost. 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 weekly fee.

All required documents must be sent to the Jenna Frost, by electronic mail, fax or mail. (Electronic Mail Preferred)

Send PDF application and supporting documentation to:

Department of Medical Education
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)
- Shawn P. Cannon, DO, FACOI
  Director of Medical Education
  scannon@rpsom.org
- Jenna Frost
  Student Coordinator, Graduate Medical Education
  Jenna.frost@stonybrookmedicine.edu
  631-726-0409 x103
- Marby Blandon
  Student Coordinator, Graduate Medical Education
  marby.blandon@stonybrookmedicine.edu
  631-726-0409, x128
- Eileen Kruck
  Manager, Graduate Medical Education
  eileen.kruck@stonybrookmedicine.edu

Rotation Requirements

The following is required in order to process your application. You do not have to send Health documents until you have been granted a spot. After you are granted a spot you will then need to send all necessary health documents to Jenna Frost. Once she receives everything and all health documents are in good standing you will then be confirmed.

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)
- Physical Exam (Within one year)
- 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. 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 60 days in advance.

**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 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 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 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.

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
- General Surgery
- Internal Medicine

**Available Elective Rotations**
- Addiction Medicine
- Allergy
- Ambulatory
- Anesthesia
- Emergency Medicine
- Family Medicine
- GI
- ICU
- Infectious Disease
- Medicine
- Neuro
- Orthopedics
- Palliative Care
- Plastics
- Social Medicine
Medical Student Rotation Application

Name ___________________________________________________________ Gender: □ Female □ Male □ Other

Address __________________________________________________________

City ___________________________ State ___________________________ Zip _______

Home Phone ______________________ Cell Phone ______________________ Cell Carrier ____________

Email Address (preferred) ____________________________

Emergency Contact Name ___________________________ Phone __________________________

____________________________________________________

Rotation Selection

<table>
<thead>
<tr>
<th>Family Medicine Elective</th>
<th>FM/NMM Elective</th>
<th>Internal Medicine Elective</th>
<th>Surgery Elective</th>
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</thead>
<tbody>
<tr>
<td>7. 01/11/21 – 02/05/21</td>
<td>10. 04/05/21 – 04/30/21</td>
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<tr>
<td>8. 02/08/21 – 03/05/21</td>
<td>11. 05/03/21 – 05/28/21</td>
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<tr>
<td>9. 03/08/21 – 04/02/21</td>
<td>12. 05/31/21 – 06/30/21</td>
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Rotation (Choice 1): ___________________________ Start Date: Choice 1______
Choice 2______
Choice 3______

Rotation (Choice 2): ___________________________ 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.

School/Rotation Information

School ____________________________________________________________

Address __________________________________________________________

City ___________________________ State ___________________________ Zip _______

P:\Students\Application\Application - Elective.docx
Rev: 12/2014
School Placement Coordinator ________________________________________________

Phone____________________________ Email Address ________________________________

Current Year in School: ___________________________ Anticipated Graduation Date ___________________________

Planned Specialty ________________________________________________________________

Have you chosen to focus on primary care in your training? □ Yes □ No

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

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

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 certify that the above information is correct to the best of my knowledge at the date of this application. I also understand that completing this application does not guarantee an offer of placement by Southampton Hospital.

________________________________________________         ____________________
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.