



# Stony Brook Southampton Hospital

## Medical Student Rotation Application

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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

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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 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  
Stony Brook Southampton Hospital  
Attn: Jenna Frost  
240 Meeting House Lane  
Southampton, NY 11968  
631-726-0396 (fax)  
[jfrost@southamptonhospital.org](mailto:jfrost@southamptonhospital.org)

### Medical Education Department (631-726-0409)

- **Shawn P. Cannon, DO, FACOI**  
Director of Medical Education  
[scannon@rpsom.org](mailto:scannon@rpsom.org)
- **Jenna Frost**  
Student Coordinator, Graduate Medical Education  
[jfrost@southamptonhospital.org](mailto:jfrost@southamptonhospital.org)  
631-726-0409 x103
- **Eileen Kruck**  
Manager, Graduate Medical Education  
[ekruck@southamptonhospital.org](mailto:ekruck@southamptonhospital.org)

### Rotation Requirements

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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



## Stony Brook Southampton Hospital

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. 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 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 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.

## 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

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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

## Elective Rotation Blocks

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- |                        |                        |
|------------------------|------------------------|
| • 12/17/18 -- 01/13/19 | • 03/11/19 -- 04/07/19 |
| • 01/14/19 -- 02/10/19 | • 04/08/19 -- 05/05/19 |
| • 02/11/19 -- 03/10/19 | • 05/06/19 -- 06/02/19 |

## Available Elective Rotations

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- |                                      |                      |                             |
|--------------------------------------|----------------------|-----------------------------|
| • Addiction Medicine                 | • Family Medicine    | • Orthopedics               |
| • Addiction Medicine with Dr. Cannon | • GI                 | • Palliative Care           |
| • Ambulatory                         | • ICU                | • Pediatrics                |
| • Anesthesia                         | • Infectious Disease | • Plastics                  |
| • Emergency Medicine                 | • Medicine           | • Psych                     |
|                                      | • Neuro              | • Social Medicine (Block 4) |



# Stony Brook Southampton Hospital

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

Address \_\_\_\_\_

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

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

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

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

## Rotation Selection

Family Medicine Elective • FM/NMM Elective • Internal Medicine Elective • Surgery Elective

- |                         |                          |
|-------------------------|--------------------------|
| 7. 12/17/18 -- 01/13/19 | 10. 03/11/19 -- 04/07/19 |
| 8. 01/14/19 -- 02/10/19 | 11. 04/08/19 -- 05/05/19 |
| 9. 02/11/19 -- 03/10/19 | 12. 05/06/19 -- 06/02/19 |

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?  
Transportation is required for housing and rotation options.

☐ Yes ☐ No

## School/Rotation Information



# Stony Brook Southampton Hospital

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 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)

\_\_\_\_\_



## Stony Brook Southampton Hospital

☐ Other (Please specify)

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*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 Stony Brook Southampton Hospital.*

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Signature of Applicant

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Date

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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.