



## Medical Student General Surgery Elective Rotation Application

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The Medical Student Rotation Program teaches students essential clinical and practical skills. Participating students rotate with Southampton Hospital and Peconic Bay Medical Center faculty and residents in a variety of general surgery 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 **Kimberly Ranagan**. 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.**

**All required documents must be sent to the Kimberly Ranagan or 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  
Southampton Hospital

Attn: Kimberly Ranagan **or**

Attn: Jenna Frost

240 Meeting House Lane

Southampton, NY 11968

631-726-0396 (fax)

[kimberly.ranagan@stonybrookmedicine.edu](mailto:kimberly.ranagan@stonybrookmedicine.edu)

[jenna.frost@stonybrookmedicine.edu](mailto:jenna.frost@stonybrookmedicine.edu)

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

- **Shawn P. Cannon, DO, FACP**  
Director of Medical Education  
Site DIO  
[scannon@rpsom.org](mailto:scannon@rpsom.org)  
631-726-0409, x102
- **Kimberly Ranagan**  
Residency Coordinator, General Surgery  
[kimberly.ranagan@stonybrookmedicine.edu](mailto:kimberly.ranagan@stonybrookmedicine.edu)  
631-726-0409, x124
- **Jenna Frost**  
Student Coordinator, Graduate Medical Education  
[jenna.frost@stonybrookmedicine.edu](mailto:jenna.frost@stonybrookmedicine.edu)  
631-726-0409, x103

### Rotation Requirements

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The following is required in order to process your application. Please make sure all supporting documents are sent to Department of Medical Education, 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



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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. 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 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 **Audition Rotation Application**. All other elective requests should be made *after* the December timeframe.

## Elective Rotation Blocks

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- 12/17/18 -- 01/13/19
- 01/14/19 -- 02/11/19
- 02/11/19 -- 03/11/19
- 03/11/19 -- 04/07/19
- 04/08/19 -- 05/05/19
- 05/06/19 -- 06/02/1



## Medical Student General Surgery Elective Rotation Application

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

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.

#### • General Surgery Elective

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|-------------------------|-------------------------|-------------------------|
| 1. 12/17/18 -- 01/13/19 | 4. 03/11/19 -- 04/07/19 | 6. 05/06/19 -- 06/02/19 |
| 2. 01/14/19 -- 02/11/19 | 5. 04/08/19 -- 05/05/19 |                         |
| 3. 02/11/19 -- 03/11/19 |                         |                         |

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 \_\_\_\_\_



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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 general surgery in your training? ☐ Yes ☐ No

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

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### How did you hear about our program?

- ☐ College / University Referral (Please specify) \_\_\_\_\_
- ☐ Friend / Colleague/Word of Mouth \_\_\_\_\_
- ☐ Internet (Please specify website) \_\_\_\_\_
- ☐ 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 Southampton Hospital.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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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.

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.