**MEDICAL STUDENT Application**

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| **Student Information** | | | | | | | | | | |
| Name |  | | | | | DOB |  | | Last 4 SSN |  |
| Address |  | | | City |  | State |  | | Zip Code |  |
| Student Email Address | |  | | | | Phone Number | |  | | |
| Emergency Contact Name | | |  | | | Phone Number | |  | | |

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| **School Information** | | | | | | | |
| Current School Name | | |  | | | Year of Study |  |
| Matriculation Date | | Date | | | Expected Graduation Date | | Date |
| Faculty/Clinical Contact Name: | | | |  | | Phone Number |  |
| Email Address |  | | | | | | |

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| **General Information** | | | | | | | | |
| USMLE/COMLEX 1 Pass/Fail | | Pass  Fail | | | | Number of Attempts | |  |
| USMLE/COMLEX 2 Pass/Fail | | Pass  Fail | | | | Number of Attempts | |  |
| Geographic area you plan to practice medicine | | | |  | | | | |
| Areas of medical interest |  | | | | | | | |
| Are you a US citizen or permanent resident? | | | Yes  No | | | | | |
| Have you completed a clinical rotation with Deaconess before? | | | | | Yes | | No | |
| Do you already have a *MEDICAL STUDENT* Deaconess badge? | | | | | Yes | | No | |
| If “YES”, what are the first 5 digits of your badge number? | | | | |  | | NA | |

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| **REQUESTED Rotation Information** | | | | | |
| Rotation/Specialty | | Begin | End | Preceptor  (if applicable) | School Paperwork Due |
| 1 |  | Date | Date |  | Date |
| 2 |  | Date | Date |  | Date |
| *\*A NEW application is needed for each rotation you request with Deaconess\** | | | | | |

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| **Additional Requirements** | | | |
| Students must submit the following to [student.rotations@deaconess.com](mailto:student.rotations@deaconess.com) | | | |
| 1. Completed Application 2. Signed Statement of Confidentiality 3. Letter of Introduction | | | |
| *Notification of rotation approval or denial will come from Academic Coordinator. If your rotation is approved, additional documents will be necessary to submit for credentialing. All documents must be completed and approved before any rotation may begin.* | | | |
| Signature |  | Date | Date |
| *By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.* | | | |