**MEDICAL STUDENT Application**

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| **Student Information** |
| Name |       | DOB |       | Last 4 SSN | 0000 |
| Address |       | City |       | State |       | Zip Code | 00000 |
| Student Email Address |       | Phone Number |       |
| May I use a text messaging system to communicate with you? | Yes [ ]  No [ ]  |  |
| 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 [ ]  |
| Will you need housing during your rotation with us? | Yes [ ]  | No [ ]  |
| Have you completed *STUDENT* EPIC training before? | Yes [ ]  | No [ ]  |
| Do you already have a *STUDENT* Deaconess badge?  | Yes [ ]  | No [ ]  |
| If “YES”, what are the first 5 digits of your badge number? |  | 00000 |

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| **REQUESTED Rotation Information** |
| Rotation/Specialty | Begin | End | Preceptor (if applicable) | Preceptor Confirmed?(if applicable) |
| 1 |       | Date | Date |       | Yes [ ] No [ ]  |
| 2 |       | Date | Date |       | Yes [ ] No [ ]  |
| *\*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  |
| 1. Completed Application
2. Letter of Introduction outlining your interest in an elective at Deaconess
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| *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.* |