



MEDICAL STUDENT APPLICATION

STUDENT INFORMATION			
Name		DOB	Last 4 SSN
Address	City	State	Zip Code
Student Email Address		Phone Number	
Emergency Contact Name		Phone Number	

SCHOOL INFORMATION	
Current School Name	Year of Study
Matriculation Date	Expected Graduation Date
Faculty/Clinical Contact Name	Phone Number
Email Address	

GENERAL INFORMATION		
USMLE/COMLEX 1 Pass/Fail	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Number of Attempts
USMLE/COMLEX 2 Pass/Fail	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Number of Attempts
Geographic area you plan to practice medicine		
Areas of medical interest		
Are you a US citizen or permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you completed a clinical rotation with Deaconess before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you need housing during your rotation with us?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed <i>STUDENT</i> EPIC training before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you already have a <i>STUDENT</i> Deaconess badge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", what are the first 5 digits of your badge number?		

REQUESTED ROTATION INFORMATION				
Rotation/Specialty	Begin	End	Preceptor (if applicable)	Preceptor Confirmed? (if applicable)
1				Yes <input type="checkbox"/> No <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>

A NEW application is needed for each rotation you request with Deaconess

ADDITIONAL REQUIREMENTS	
Students must submit the following to student.rotations@deaconess.com	
<ol style="list-style-type: none"> 1. Completed Application 2. Letter of Introduction outlining your interest in an elective at Deaconess 	
<i>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.</i>	
Signature	Date
<i>By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.</i>	