

**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	Date	Expected Graduation Date	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"/>
Do you already have a <i>MEDICAL STUDENT</i> Deaconess badge?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", what are the first 5 digits of your badge number?			NA <input type="checkbox"/>

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

ADDITIONAL REQUIREMENTS	
Students must submit the following to student.rotations@deaconess.com	
<ol style="list-style-type: none"> 1. Completed Application 2. Signed Statement of Confidentiality 3. Letter of Introduction 	
<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 Date
<i>By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.</i>	