

Please complete this application and submit to Medstudents@ccf.org.

For questions, please review the FAQ's section or contact the above email address.

Student's Name: _____
Last First Middle Initial

Medical School Name: _____

Student's School E-mail Address: _____

Clinical Coordinator's Name: _____ Email: _____

Student's Phone #: _____ Gender: ☐ Female ☐ Male ☐ Non-Binary

For onboarding purposes, are you a U.S. Citizen and/or Permanent Resident? ☐ Y ☐ N If no, please provide the following:

Passport Exp. Date: _____ Visa Type: _____ Visa Exp. Date: _____

USMLE STEP 1 or 2, or COMLEX 1 or 2 (Circle One): _____

(enter 3-digit score or Pass/Fail for Step 1/COMLEX 1)

Date or Expected Date of Core Completion: _____

**All core rotations must be completed prior to the start of your first elective rotation.*

Projected Date of Graduation: _____

What type of Residency do you wish to pursue? _____

Are you currently scheduled or previously completed any rotation(s) at CCFL Weston? ☐ Y ☐ N

Are you currently scheduled or previously completed any rotation(s) at any CC hospital? ☐ Y ☐ N

If yes, please specify which hospital(s): _____

Are you aware of any limitation that would prevent you from performing the duties of the rotation for which you are applying? ☐ Y ☐ N

If yes, please explain: _____

REQUESTED ELECTIVE ROTATION(S): (Please note application submission dates if applying for multiple rotations)

Requested Rotation (in order of preference)	Dates Requested	Alternate Dates

CANCELLATION POLICY: We have a **90-day** prior, written cancellation policy. Once you have confirmed your rotation, your school will be billed if you cancel within 90 days of the rotation start date.

OFFERED ELECTIVE ROTATIONS: (Availability is subject to change)

Please visit the [Undergraduate Medical Education website](#) for rotation specific details.

Allergy/Immunology	Gastroenterology	Neurology	Rheumatology
*Anesthesiology	General Surgery (MIS/Bari)	Neurosurgery	Sports Medicine (off-site)
Breast Surgery	Gynecology (Ambulatory/Operative)	*Orthopedic Surgery	Surgical ICU
Cardiology		*Orthopedic Sports Medicine	Transplant Hepatology
Colorectal Surgery	**Hematology/Oncology & Radiation Oncology (Mix)	Otolaryngology	Transplant Surgery
Critical Care	**Infectious Disease	*Pathology	**Urology
Emergency Medicine	Internal Medicine Sub-I	*Plastic Surgery	Vascular Medicine
Endocrinology	Nephrology & Hypertension	Pulmonary Medicine	Vascular Surgery
*Family Medicine Sub-I		Radiology	

**Availability may vary and/or require department pre-approval or other pre-requisites.*

*Rotations in **BOLD** have a corresponding ACGME accredited residency/fellowship program.*

*** ACGME accredited residency/fellowship program effective 7/1/2025.*

ELECTIVE START DATES and APPLICATION SUBMISSION DATES:

ROTATION DATES	SUBMISSION DATES (opens 12 midnight)
6/2/25-6/27/25	2/1/25-4/30/25
7/7/25-8/1/25	3/1/25-5/31/25
8/4/25-8/29/25	4/1/25-6/30/25
9/2/25 (Tuesday)-9/26/25	5/1/25-7/31/25
10/6/25-10/31/25	6/1/25-8/31/25
11/3/25-11/28/25	7/1/25-9/30/25
12/1/25-12/26/25	8/1/25-10/31/25
1/5/26-1/30/26	9/1/25-11/30/25
2/2/26-2/27/26	10/1/25-12/31/25
3/2/26-3/27/26	11/1/25-1/31/26
4/6/26-5/1/26	12/1/25-2/28/26
5/4/26-5/29/26	1/1/26-3/31/26
6/1/26-6/26/26	2/1/26-4/30/26
7/6/26-7/31/26	3/1/26-5/31/26

All electives listed are 4 weeks in duration and start the first Monday of each month unless that Monday is a holiday.

Please include the following items with your application:

- Professional front-facing headshot photo with solid, white background (JPG Format)
- Current curriculum vitae
- Copy of current year's health insurance card or proof of health insurance
- Step 1 or 2, or COMLEX 1 or 2 score
- Copy of Passport & Visa (if not a US Citizen)

Applications are processed on a first-come, first-served basis. Please note, due to the high volume of applicants, scheduling is more competitive during certain times of the year (April-November).

Students will be notified via email of acceptance, denial, or wait-list status within 30 days of the application submission date. **Incomplete or applications received outside of the submission dates will not be considered.**

Thank you for your interest in elective rotations at CCFL. We look forward to receiving your application!