

Pediatric Elective Rotation Application 2024-2025

Name _____ Cell Phone _____

Email Address _____ Date of Birth _____

Permanent Mailing Address _____

City/State/Zip Code _____

Citizenship/Visa Status _____

Premedical/Undergraduate School _____

Medical School _____

Expected **Month** and **Year** of Graduation _____

Name of hospital where 3rd year Pediatrics clerkship was performed and dates of the clerkship.

USMLE or COMLEX Part 1 Result _____

USMLE or COMLEX Part 2 Result (if available) _____

Planned Career Specialty (i.e. Pediatrics, Radiology, etc.) _____

Please rank desired pediatric subspecialty elective rotation in order of preference (enter 1, 2, 3, 4, 5 or 6)

____ Cardiology ____ Endocrinology ____ Gastroenterology

____ Hematology/Oncology ____ Neurology ____ Rheumatology

Please tell us briefly why you want to rotate at Cottage Children's Pediatric Residency Program _____

Provide us with TWO preferred rotation dates from the list of dates below. Mark your desired rotation dates with 1, and your alternate dates with 2. Rotations are four weeks in length and start Monday and end on Friday of the fourth week.

____ September 23, 2024 - October 18, 2024 ____ October 21, 2024 - November 15, 2024

____ November 18, 2024 - December 13, 2024 ____ December 16, 2024 - January 10, 2025

____ January 13, 2025 - February 9, 2025

Applicants must have finished three (3) full years of medical school or its equivalent (at least one year of clinical experience) and must be a 4th year student during the actual rotation period.

If it is available, will you require housing? Yes No

Signature _____ Date _____

(Type your name when submitting application electronically)

Email completed application to Katherine Mackie, Program Coordinator,
at kdelvall@sbch.org

