



**WELLSPAN**

**EMERGENCY MEDICINE  
MEDICAL STUDENT  
ROTATION APPLICATION**

**EM / EM-US / EM-TOXICOLOGY**

## Profile

Full Name: \_\_\_\_\_ MS3 or MS4: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Medical School: \_\_\_\_\_

Are you interested in an **EM** elective, **Ultrasound** elective or **Toxicology** elective rotation? \_\_\_\_\_

List requested rotation dates in order of preference; 4-week duration, start dates Mondays (mandatory):

**1st** \_\_\_\_\_ to \_\_\_\_\_ **2nd** \_\_\_\_\_ to \_\_\_\_\_ **3rd** \_\_\_\_\_ to \_\_\_\_\_

## Board Exam/AOA/SSP

USMLE Step 1: \_\_\_\_\_ USMLE Step 2 CK: \_\_\_\_\_ USMLE Step 2 CS: \_\_\_\_\_

COMLEX Step 1: \_\_\_\_\_ COMLEX Step 2: \_\_\_\_\_

Did you retake any of the above listed exams? If so, which one and why?

## Match Info

Do you plan on couples matching? If yes, please list partner's name and specialty.

## Miscellaneous

Was your medical education/training extended or interrupted? \_\_\_\_\_ Reason? EMIG Officer /Involvement?

**In ONE paragraph explain why you are interested in Emergency Medicine.**

**In ONE paragraph, explain why you are interested in rotating at York Hospital.**

### EM TOXICOLOGY only:

What is your primary interest for residency? We would like to tailor this to your interests as much as we can.

What would you like to learn from an EM Toxicology rotation?

Do you have a particular interest in an area of toxicology?

\*\*\* Return completed Application to Carrie Downey: [cdowney3@wellspan.org](mailto:cdowney3@wellspan.org) \*\*\*

Along with a copy of your unofficial medical school transcript