

Family Medicine

MEDICAL STUDENT ROTATION APPLICATION



Profile

Full Name: (First/Middle/Last) _____

Email: _____

MS3 or MS4 _____ Birth Date: _____ (mm/dd/year)

Medical School: _____ AAMC # (if known) _____

Rotation Request

List requested rotation dates in order of preference (not offered the month of March); 4-week duration; start date Mondays (mandatory).

1st _____ to _____ 2nd _____ to _____ 3rd _____ to _____

Please rank the type of rotation you are interested in:

___ FM Inpatient ___ FM Outpatient ___ FM Inpatient/Outpatient Combination ___ Sports Medicine Outpatient

Board Exam

Did you pass STEP 1/ COMLEX: Yes No

What specialty are you interested?

In ONE paragraph, explain why you are interested in Family Medicine or Sports Medicine:

In ONE paragraph, explain why you are interested in rotating at WellSpan York Hospital:

***** Return completed Application along with your CV to**

Allison Weaver: aweaver22@wellspan.org and Joanne Myers: jmyers53@wellspan.org ***