ARROWHEAD REGIONAL MEDICAL CENTER
Office of Graduate Medical Education

CUSM 4th YEAR MEDICAL STUDENT ROTATION/S REQUEST

IMPORTANT: Student must be a 4th year by the time of the requested rotation/s. Up to 3 rotations can be awarded per application. Once the request is submitted, please allow up to 28 days for processing. You will be notified via email regarding the status of your request. We kindly ask that you refrain from sending follow-up inquiries during this period.
The application and requirements may change without notice. Please check the website regularly for updates.

TODAY'S DATE: _____

PERSONAL INFORMATION

Name (Last, First MI Format):	AY Applying For (23-24 **OR** 24-25):
DOB:	Last 4-Digits SSN:
Email:	Contact Phone:

REQUESTED ROTATION(S):

INSTRUCTIONS: Please assign a label with a number of 1 and up to 3, where each number will correspond to a specific rotation choice. On *Page 2*, you will be asked to list your availability and preferences. Additionally, if indicated next to a rotation choice, a Letter of Intent (LOI) is required. Please ensure that the LOI is attached in the email with your application for those specific rotations.

CUSM CORE 8 SUB-I ROTATIONS - Needed for Graduation:

_____**Emergency Medicine**   _____**Family Medicine – Inpatient**   _____**General Surgery**   _____**IM – TSS**   _____**Neurology**

_____**Obstetrics & Gynecology (LOI Req.)**   _____**Psychiatry (AUDITION ONLY / LOI Req.)**

ELECTIVES:

_____**Anesthesia**   _____**Emergency Medicine**   _____**EM – Research**   _____**ENT**   _____**FM – Inpatient**   _____**FM – Outpatient**

_____**General Surgery**   _____**GS - Burn/SICU**   _____**GS – SICU (2WK)**   _____**GS – SICU (4WK)**   _____**GS - Vascular Surgery**

_____**IM – Cardiology**   _____**IM – GI**   _____**IM - Hem/Onc**   _____**IM – Infectious Disease**   _____**IM – MICU (LOI Req.)**

_____**IM – MICU Consults (LOI Req.)**   _____**IM – TSS**   _____**MFM (LOI Req.)**   _____**Neurology**   _____**Neurology - Inpatient EEG**

_____**Neurosurgery**   _____**ObGyn (LOI Req.)**   _____**OB - Research (LOI Req.)**   _____**Ophthalmology (Specialty Applicants Only)**

_____**Orthopedics**   _____**Pediatrics**   _____**PM&R**   _____**Psychiatry (Audition Only / LOI Req.)**   _____**Radiology**

_____**EM – Ultrasound* (LOI Req.)**   _____**IM – Nephrology* (Prev. IM Rotation at ARMC Req.)**   _____**Pathology***

(IM-Nephrology*and Pathology* are only available for the following start dates:
23-24 AY: 03/11/24, 04/08/24, 05/06/24, 06/03/24
24-25 AY: 07/01/24, 07/29/24, 08/26/24, 09/23/24, 10/21/24, 11/18/24,
12/16/24, 01/13/25, 02/10/25, 03/03/25, 03/31/25, 04/28/25, 05/26/25, 06/23/25**)**

(EM–Ultrasound* is only available for the following start dates:
23-24 AY: 04/01/24, 04/29/2024, 05/27/24, 06/03/24
24-25 AY: 07/01/24, 07/29/24, 09/02/24, 09/30/24, 10/28/24, 12/02/24,
01/27/25, 02/03/25, 03/03/25, 03/31/ 25, 04/28/25, 06/02/25, 06/30/25**)**

Days Off Needed: _____

*(**E.g.:** Board Exams, Campus Days, Interviews, etc. **NOTE:** Holidays are **not** eligible for requested days off. All requested days off are contingent upon the individual policies of each respective service. Excessive requests for days off may impact your eligibility for the rotation. Additionally, acceptance into the rotation does not automatically imply approval of all requested days off.)*

COMPLETE AND SEND APPLICATION VIA EMAIL TO: MedStudents@armc.sbcounty.gov

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AVAILABILITY & PREFERENCES:

INSTRUCTIONS:

1) For each of your chosen rotations, please list your available start dates. Note that rotations begin every Monday and typically last for 4 weeks, unless specified otherwise. If your first choice of rotation dates is not available, you may list up to 2 alternative dates for consideration.

2) Beside each rotation choice, you will find two optional checkboxes. Please mark these only if you have a specific preference for your rotation to be classified as either an 'Elective' or a 'Sub-Internship'.

3) In the spaces under each choice, you are welcome to add any extra notes or comments regarding your rotation selections. This section can be used to communicate specific preferences or conditions, such as: "Please schedule me for this rotation only if Choice #2 is not available." "I have a specific interest in [a particular aspect of a rotation] due to [reason]." "I would prefer not to be scheduled for rotations during [specific dates/periods], if possible." Please be as clear and detailed as possible in your comments to help us better understand and accommodate your preferences and requirements. Note that while we will do our best to consider these comments during the scheduling process, all requests are subject to availability and cannot be guaranteed.

CHOICE #1: ☐ Elective ☐ SUB-I

1st:	2nd:	3rd:

Supplementary Comments:_____
_____
_____

CHOICE #2: ☐ Elective ☐ SUB-I

1st:	2nd:	3rd:

Supplementary Comments:_____
_____
_____

CHOICE #3: ☐ Elective ☐ SUB-I

1st:	2nd:	3rd:

Supplementary Comments:_____
_____
_____

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Post-Application Instructions and Important Information

INSTRUCTIONS

1. Before submission, ensure you are using the latest version of the application as changes can be made without notice. Check the website for the most up-to-date form.
2. Please also ensure that each application corresponds to a single academic year. You cannot apply for rotations spanning across different academic years, such as 6/30/24 and 8/5/24, in one application. You would need to submit two different applications in that case.
    o The 2023-2024 Academic Year at ARMC spans from July 1, 2023, to June 30, 2024.
    o The 2024-2025 Academic Year at ARMC spans from July 1, 2024, to June 30, 2025.
3. After completing the application, please rename the document as "LastName, FirstName CUSM Application" and only submit pages 1 and 2.
    o (e.g., *Smith, John CUSM Application*)
4. Email the completed application, *pages 1 and 2 only*, to MedStudents@armc.sbcounty.gov
5. If you have applied for a rotation where an LOI is required, remember to attach it to your email.
6. Format the subject line of your email as "AY [Academic Year you are applying for, e.g., 23-24 or 24-25] CUSM Application."
    o (e.g., *23-24 CUSM Application*)
7. After sending your email, the processing of your application can take up to 28 days. We request that you refrain from sending follow-up emails during this period. We will notify you as soon as a decision has been made on your application.

Acceptance and Onboarding Requirements:

*   If accepted, you will receive detailed emails regarding onboarding requirements and necessary documentation (unless previously completed).
    o It is crucial to complete all requirements no later than 3 weeks before your rotation start date to avoid delays in receiving your computer access and badge. Late submissions can significantly delay your access.
*   If you are accepted for a rotation but decide to cancel at a later time, please notify us by sending an email to MedStudents@armc.sbcounty.gov .

Contact from Service Coordinators:

*   The service coordinators for each respective rotation may reach out to you about your schedule and reporting instructions up to a week before your rotation start date.
    o If not, you will get all the information needed from an email we send to all students a week prior to the start date and your preceptor will give you your schedule on your first day.
*   The service coordinators will be your point of contact for anything regarding the preceptor, days off, scrubs, daily schedule, access to certain doors, accommodations, and evaluations.

GME Office:

*   Our operating hours are Monday to Friday from 8:00am to 3:30pm. We are closed on weekends and county observed holidays.
*   For more information and to obtain the most up to date documents, please visit our website **https://www.arrowheadregional.org/education-research/medical-students/**
*   For scheduling/onboarding-related inquiries or guidance on where to direct your questions, please email **MedStudents@armc.sbcounty.gov**

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