



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):	
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* (Must have prev. rotated in Medicine B-F or TSS at ARMC)
_____ Pathology*	
(IM-Nephrology* and Pathology* are only available for the following start dates: 24-25 AY: 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: 24-25 AY: 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.)



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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

1 st :	2 nd :	3 rd :
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Supplementary Comments: _____

CHOICE #2: Elective SUB-I

1 st :	2 nd :	3 rd :
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Supplementary Comments: _____

CHOICE #3: Elective SUB-I

1 st :	2 nd :	3 rd :
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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. After completing the application, please rename the document as "LastName, FirstName CUSM Application."
 - (e.g., *Lopez, Carmen CUSM Application*)
3. If you have applied for a rotation where an LOI is required, remember to attach it to your email.
4. Format the subject line of your email as "LastName, FirstName: 24-25 CUSM Application."
5. Email the completed application to MedStudents@armc.sbcounty.gov
6. 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).
 - 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.
 - 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