

## 3<sup>rd</sup> Year Clerkship Processing Application

The Medical Student Rotation Program teaches students/ residents essential clinical and practical skills. Participating students rotate with Peconic Bay Medical Center and participating site's faculty and residents in a variety of areas.

### Rotation Requirements

The following is required in order to begin your rotation. Please make sure all supporting documents are sent to Danielle Ortolani at least one month prior to your rotation.

#### Medical Student Prerequisites

All prerequisites must be met before you are approved for a rotation. This includes the completion of all core rotations and status as a final year medical student when you are scheduled to participate in the rotation.

#### Health Requirements

The Office of Medical Education requires medical students to provide proof of the following immunizations:

- Proof of Varicella Rubella, Rubella immunity (serology)
- Proof of Hepatitis B immunity (serology)
- Annual Tuberculosis Screening
- Annual Flu vaccine (during flu season)
- T-Dap

All students must provide health documentation in order to begin a scheduled rotation.

#### Parking

On the first day of your rotation please park in the visitor's lot located across the street from the hospital: 1300 Hero's Way, Riverhead, NY 11901. Once cleared through security your badge will provide access to the employee lot located off Middle Road in Riverhead. Further parking directions to be distributed on the first day of the student rotation.

#### White Coats

Be sure to bring your white coat; it is required that you wear one while on the premises of Peconic Bay Medical Center or any off-site clinics.

#### Miscellaneous

Students are expected to bring their own diagnostic equipment and textbooks.

### Trainee Information:

Name \_\_\_\_\_ Gender:  Female  Male  Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (preferred) \_\_\_\_\_ or \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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Have you rotated at Peconic Bay Medical Center or another Northwell Hospital?    Yes   or   No

If you answered yes, what was your universal ID assigned to you for your rotation? \_\_\_\_\_

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***I certify that the above information is correct to the best of my knowledge at the date of this application. I also understand that completing this application does not guarantee an offer of placement by Peconic Bay Medical Center.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**The following documents must be submitted to the Graduate Medical Education Office:**

- Photo ID- Driver's License or Passport
- Computer Access Forms
- HIPAA Acknowledgement Form
- Health Information- Immunizations Including:
  - Proof of Varicella Rubella, Rubella immunity
  - Proof of Hepatitis B immunity
  - Annual Tuberculosis Screening
  - Annual Flu vaccine (during flu season)
  - T-Dap
- Surgery and OB/GYN ONLY
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