

# Fourth Year Medical Student Application

(for elective rotations and sub-I's)

This form is for **NON** University of Central Florida College of Medicine students only.

Thank you for your interest in visiting us at Nemours Children's Hospital, Florida in Orlando. Please forward this completed application, an updated copy of your curriculum vitae (CV), and a current headshot at least 8 weeks prior to your requested rotation start date. If you are interested in our Underrepresented in Medicine (URiM) visiting student program, you will also need 2 letters of recommendation from clinical faculty.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Mobile Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Medical School Information

Medical School: \_\_\_\_\_

Name of School Official to Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Select one of the following for your Fourth Year Rotation Program:

- General Acting Internships and Electives
- Visiting Rotations for Underrepresented in Medicine

*If you selected Visiting Rotations for Underrepresented in Medicine, please complete the section immediately following your selection of rotation preference.*



For more information, visit [Nemours.org](https://www.nemours.org).  
**Well Beyond Medicine**

## Rotation Preferences and Dates

Rotation

Rotation Dates

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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### Visiting Rotations for Underrepresented in Medicine Applicant Questions and Requirements

1. Do you belong to a group underrepresented in medicine as described by elective brochure?  Yes  No

2. What do you believe is the most significant challenge to optimal child health presently in the United States? (300 words or less)

3. Why would you like to participate in this program? (300 words or less)

4. Three words that others who know you well would use to describe you and why? (100 words or less)

5. Please have two clinical attendings who know you well submit a letter of recommendation to **NCHGMEDDiversity@nemours.org**.

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Please email your completed form to Maria Kierulf, medical education coordinator, at **maria.kierulf@nemours.org**.

#### FOR OFFICE USE:

Rotation Assigned: \_\_\_\_\_ GME Director Approval/Date: \_\_\_\_\_