



# Baptist Health South Florida

## Medical Student Elective Rotation Request Form

<b>Student's name:</b>	
<b>Student's contact #</b>	
<b>Student's email address:</b>	
<b>School's name:</b>	
<b>Year in Medical School:</b>	
<b>Is your school CME/COCA Accredited?</b>	
<b>Proposed dates of rotation:</b>	
<b>Name of proposed preceptor(s):</b>	
<b>Baptist Health facility that the elective rotation will take place:</b>	
<b>School's Rotation Coordinator's contact # and email address:</b>	
<b>Reason for requesting this rotation:</b>	

Students may not begin rotations at Baptist Health until an affiliation agreement is fully executed for their university and program. The student will also require notice of clearance from the Office of Academic Affairs. Once a clinical clearance has been processed, our office will send a confirmation email from [AcademicClearance@BaptistHealth.net](mailto:AcademicClearance@BaptistHealth.net).

Please return the completed form to [AcademicAffairs@BaptistHealth.net](mailto:AcademicAffairs@BaptistHealth.net)