

# Obstetrics & Gynecology

## MEDICAL STUDENT ROTATION APPLICATION



### Profile

Full Name: (First/Middle/Last) \_\_\_\_\_

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

Gender:  Male  Female Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(mm/dd/year)

Medical School: \_\_\_\_\_ AAMC # (if known) \_\_\_\_\_

List requested rotation dates in order of preference (not offered the months of May or July). Rotations are 4-week duration; start dates are Mondays (mandatory):

1<sup>st</sup> \_\_\_\_\_ to \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ to \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ to \_\_\_\_\_

### OB/Gyn Clerkship

Grade: \_\_\_\_\_

### Board Exam/AOA/SSP

USMLE Step 1: \_\_\_\_\_ USMLE Step 2 CK: \_\_\_\_\_ USMLE Step 2 CS: \_\_\_\_\_

Alpha Omega Alpha/Sigma Sigma Phi Member: \_\_\_\_\_

### Match Info

Do you plan on couples matching?  No  Yes If yes, please list partner's name and specialty.

### Miscellaneous

Was your medical education/training extended or interrupted?  No  Yes If yes, reason:

EMIG Officer/Involvement? \_\_\_\_\_

**In ONE paragraph explain why you are interested in Obstetrics & Gynecology:**

**In ONE paragraph, explain why you are interested in rotating at WellSpan York Hospital:**