APPLICATION FOR SENIOR ELECTIVE (YEAR IV)

NON-AFFILIATED MEDICAL SCHOOL

Please print and complete all information listed below:			
NAME:			
ADDRESS:			
CITY:		**STATE:**	**ZIP:**
PHONE #:			
E-MAIL ADDRESS:			
LAST 4 DIGITS SS#:			
MEDICAL SCHOOL:			
ELECTIVE:	**Ophthalmology – 2 Week Audition Rotation**		
DATES OF ROTATION: * *Please indicate your top 3 options from the dates listed	1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ **7/6/26-7/17/26** **7/20/26-7/31/26** **8/3/26-8/14/26** **8/17/26-8/28/26** **8/31/26-9/11/26** **9/14/26-9/25/26** **9/28/26-10/9/26** **10/12/26-10/23/26** **10/26/26-11/6/26**		

REMINDERS:

1. **Applications missing required documents LISTED BELOW are not processed or returned.**
2. **Corewell Health Taylor Ophthalmology does not sponsor visas for medical students.**
3. **An audition rotation does NOT guarantee an interview spot.**

RECEIVED		REQUIRED DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION
YES	NO	A letter from your Medical School stating that you are a student in good standing
YES	NO	A copy of your certificate of liability insurance
YES	NO	Recent documentation of influenza vaccine – *Only required for rotations in November*
YES	NO	Proof of a TB test within the last year
YES	NO	A copy of your government issued ID
YES	NO	School transcripts to date
YES	NO	Comlex Level 1/Comlex Level 2 CE (if available) – Must be passed on the first attempt
YES	NO	Highly recommended: USMLE Step 1/USMLE Step 2 CE (if available) - Must be passed on the first attempt

Please Note: We **DO NOT** sponsor any Visa's – you must be a permanent resident/U.S. citizen or hold a green card.

Martha to obtain signatures. The physician responsible, whether in private practice or within Medical Education, is required to sign below and must also obtain the Program Director's signature. **ALL SIGNATURES MUST BE IN PLACE PRIOR TO THE START OF THE ROTATION.**

Responsible Physician's Signature	Program Director's Signature	Director, Medical Student Education
Himanshu Aggarwal, MD	**Marla Price, D.O.**	**Falgun Patel, M.D.**
Print Name Here	**Print Name Here**	**Print Name Here**

Email completed application & required documentation to:

martha.clemens@corewellhealth.org

General questions - please call (313) 375-7221