

Dear Applicant,

This application is for students currently enrolled in medical schools which are not members of VSAS and who want rotations with our residency faculty at Carilion facilities in Roanoke. (Students from [VSAS-member schools](#) must apply through VSAS.)

Ignoring this information and that on the application risks your application being complete.

Prerequisites for Applying

- Your school must list us as an affiliated teaching site. If it is not [listed](#) but is a US school, email us contact information for your school's clinical office. You may apply after the affiliation is finalized.
- You must be a fourth-year student at the time of rotation.
- You must have completed your school's core rotations and, if applying for a specialty rotation, the core rotation for that field. (For Psych Consults, for example, you must have completed General Psych.)
- You must be a native-born US citizen, naturalized US citizen, permanent resident, or have entered the United States on a B1 or F1 visa. Our residency programs sponsor only J1 Visas.
- You must be fluent in written and spoken English.

Date Restrictions

- July through January rotations are reserved for students interested in applying for rotations with that Carilion residency.
- You may complete a maximum of 2 rotations at Carilion Medical Center during any 12-month period.

Time off: See the [Attendance Policy](#).

Process: Complete Section I of the application and gather documentation listed in Section II that the school does not provide. Then send everything to your school's clinical office. The clinical office will complete Section III and attach documentation it provides. Your completed application packet must be in our office at least 45 days prior to the anticipated start date. Only completed applications are forwarded to preceptors for review. We will email you the results. If we can accommodate you, that email will contain information you need to consider before accepting the rotation and give you 14 days to accept or decline it. If you accept the rotation, we will email a confirmation after which you may make arrangements to come.

Critical Information & Tips

- Confirm with your school what documentation in Section II they will send so you know what you must attach to your application.
- To speed your application through your clinical office, have a health care provider summarize your immunization records onto the bottom half of the Carilion Immunization Record so you can submit the completed form to your clinical office along with your application.
- Rotations are scheduled on a first-approved, first-served basis.
- Retain copies of the application (including cover letter), submitted forms, and all email correspondence until after your rotation ends.

Under no circumstances may students make arrangements with faculty or staff members independently from Carilion's Visiting Student Affairs Office.

Carilion Visiting Student Affairs Office

VisitingStudentAffairs@carilionclinic.org

Carilion Roanoke Memorial Hospital

Mailing Address: P.O. Box 13367 Roanoke, VA 24033-33067

Physical Location: 1906 Belleview Avenue, SE, 1South, Roanoke, VA 24014

Office: (540) 981-7829 Fax: (540) 983-1189

Section I. To be completed by Student *Do not complete by hand. Instead, download or save this file to your computer. Click in the first space, type, and tab and type directly into it. Then print and send with documentation in Section II to your Clinical Coordinator for review and completion. Complete by hand only as a last resort.*

Name _____ M F _____
First Middle Last School-Provided Email Address Preferred Mobile Number

Address _____
Street, City, State, Zip Code Last 4 digits of SSN MM/DD of Birthday Home Phone

Rotations: 1st Choice _____ Emergency Contact _____

and or 2nd Choice _____ Relationship _____

3rd Choice _____ Phone Numbers _____

Dates: 1st Choice _____ through _____ CITIZENSHIP/VISA STATUS Check One (Not Optional)

and or 2nd Choice _____ through _____ Native-Born US Citizen B1 Temporary Visa

3rd Choice _____ through _____ Naturalized US Citizen F1 Student

Permanent Resident Other

Indicate your residency interest: _____ residency at _____
Type of Residency Facility & Location

- **Incomplete applications** (those missing information or documentation in Section II) are filed in an unattended file. Ask your school what document it does not provide so you can include them in your paperwork before sending it to the school.
- We **do not accept** faxed or scanned applications, applications students mail directly to us, or those missing information or documentation, or applications arriving fewer than 45 days prior to arrival.
- All paperwork must be received by Carilion Visiting Student Affairs **at least 45 days prior to the anticipated arrival.**
- **Applications are processed** on a first-completed-first-served basis.
- Students may not take off the first day of rotation but must attend Check-in with Visiting Student Affairs.

Student Signature _____ Date (MM/DD/YY) _____

Section II. A completed application contains all of the following.

- | | |
|--|---|
| <input type="checkbox"/> Completed Application form | <input type="checkbox"/> Dates matching course prerequisites (see course descriptions) |
| <input type="checkbox"/> Letter of Good Standing on medical school letterhead | <input type="checkbox"/> Course prerequisites (see course descriptions) |
| <input type="checkbox"/> JPG Headshot Photograph (in professional attire) | <input type="checkbox"/> Carilion Immunization Record (attached) |
| <input type="checkbox"/> Personal Statement (similar to that in an ERAS application) | <input type="checkbox"/> Proof of Personal Insurance (copy of front and back of card) |
| <input type="checkbox"/> Current Medical School Transcript (copy) | <input type="checkbox"/> Proof of current BLS and/or ACLS training (copy) |
| <input type="checkbox"/> USMLE or COMLEX Score Report (copy) | <input type="checkbox"/> Mask Fit Testing (omitted for 2014/15) |

Section III. To be completed by the school's clinical office *Please review the application, insure that everything listed in Section II is included, and mail to Carilion Visiting Student Affairs at least 45 days prior to the anticipated start date.* (Applications missing information or documentation in Section II are filed in an unattended file.)

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- The student will be a fully matriculated 4th-year student in good standing at the school during the requested dates.
- The student is approved to take this course for academic credit.
- The student will have completed the school's entire core curriculum and one full year of clinical training prior to the requested course dates.
- The school's malpractice insurance will be in effect during the requested dates.
- The student will have completed OSHA Universal Precautions and HIPAA training within three years of the elective date.

Signature _____ Printed Name _____

Title _____ School Initials _____ Date (MM/DD/YY) _____

DO NOT FAX OR SCAN but MAIL to Visiting Student Affairs, CRMH, PO Box 13367, Roanoke, VA 24033-3367
 Phone (540) 981-7829 Fax (540) 983-1189 visitingstudentaffairs@carilionclinic.org

Section IV. To be completed by Carilion Visiting Student Affairs

Rotation Dates: _____