Franciscan Health Olympia Fields Medical Student Rotation Application 2024-2025

Applications will be accepted starting 8am CST on Monday, March 4th, 2024.

Name			Today's Date	
Year at the	time o	of rotation: MS4 or MS3 (circle	one) Expec	ted Graduation Date
Complete	Home	Address (including city, state, and	zip code)	
Email address		Phone		
*Date of Birth *Last 4		digits of US SSN *Gender		
Name of C	urrent	Medical School		
Complete A	Addres	ss of Medical School (including city	, state, and	zip code)
Coordinate Coordinate Will this be	or's Pho or's Em e an au	one Numbernail Address	If yes, w	hat year's "Match"?
Please con	nplete	the table below to request your ro	tation:	
		Program (Please see options on	Block #	Start and End Dates (Must use dates
1 st Choice		Application Process sheet)		from schedule below)
2 nd Choice				
3 rd Choice				
Block 1	6/3/2024-6/30/2024		Block 7	11/18/2024-12/15/2024
Block 2	7/1/2024-7/28/2024		Block 8	1/6/2025-2/2/2025
Block 3		/2024-8/25/2024	Block 9	2/3/2025-3/2/2025
Block 4		/2024-9/22/2024	Block 10	3/3/2025-3/30/2025
Block 5		/2024-10/20/2024	Block 11	3/31/2025-4/27/2025
Block 6	10/2	1/2024-11/17/2024	Block 12	4/28/2025-5/25/2025

Please return the completed application <u>and your school photo</u>** via email to Jackie Claxton, Medical Clerkship Coordinator: <u>Jacqueline.Claxton@franciscanalliance.org</u>

^{*}Information on this form will be used to request scrubs for surgical rotations and a Franciscan user account for all students approximately 6 weeks before a confirmed scheduled rotation.

^{**} Photos are only used for identification purposes while on rotation and during the application/interview/match process.