



**Graduate Medical Education**

**MEDICAL STUDENT CLINICAL ROTATION APPLICATION**

Complete Clerkship Application with Preceptor Approval Signature (Signature waived if approved through your clinical coordinator directly with residency/preceptor or VSLO.) All rotations outside of GME faculty must have signature. AHMG outpatient rotations require additional academic affiliation agreement, as they are considered a separate legal entity.

Date:

<b>APPLICANT INFORMATION</b>		<input type="checkbox"/> NEW TRAINEE/NEED ORIENTATION		<input type="checkbox"/> RETURNING ROTATION	
Last Name:		First Name:		Middle Name:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Full SSN:	Required for EMR and Badge Door Access - Call Heather with this information if you prefer.	
School Issued Email Address:			Primary Phone:		
Emergency Contact Name:			Emergency Contact Phone:		
Have you ever been a student or employed at AdventHealth?		Inactive	Currently Active	AdventHealth OPID:	

<b>SCHOOL/PROGRAM CONTACT INFORMATION</b> (OFFICIAL DESIGNATED TO RECEIVE CORESPONDENCE/AFFILIATION AGREEMENT/EVALUATION)					
School/Program Name:					
Coordinator Name:			Title:		
Email:			Street Address:		
Business Phone:			City:	State:	Zip:
Expected Graduation Date (m/d/y):			Business Fax:		
<b>ROTATION REQUEST</b> (One request per application.)		Inpatient Experience		Outpatient Experience	
Preceptor Name (First & Last):			Credentials:		
Specialty/Department:			Rotation Start Date:		End Date:
<b>RESEARCH:</b> <input type="checkbox"/> I understand research is not permitted unless part of my school's academic affiliation agreement during a clinical rotation.					
<b>TRAINING STATEMENT</b>					
Are you aware of any limitations that would prevent you from performing the duties required for the training you are requesting? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Explain:					
<b>DISCLAIMER AND SIGNATURE</b>					
I certify that my answers are true and complete to the best of my knowledge. If this application is approved, I understand that I am responsible for submitting all required documents, as indicated in this application, including any additional documents as requested by the AdventHealth Orlando GME Office. I agree to obtain prior written approval of AdventHealth before publishing any material related to the learning experience provided.					
Applicant Signature			Date		

Applicant Name:	Start Date:	End Date:
School/Program Name:		

**PRECEPTOR STATEMENT (MUST BE COMPLETED TO PROCESS THIS APPLICATION)**

I am a Physician with an unrestricted license to practice in my specialty, and current member of the AdventHealth Orlando Medical Staff. I have professional liability coverage in the amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000. By my signature below, I agree to precept the medical student in a clinical rotation. I agree to allow the medical student named above to complete the rotation dates requested on this application. I assume full responsibility for the education, evaluation, conduct and actions of the trainee while on rotation, credentialed to practice at AdventHealth Orlando System. I have a valid affiliation agreement with the designated academic institution. I am approved to precept students from this program. I agree to allow the student to complete the requested rotation(s). I assume full responsibility for the conduct and actions of the student while on rotation.

Last Name:	First Name:	M.I.	Credentials:
Street Address:	City:	State:	Zip:
Hospital Name:	Service/Dept.:		
Business Phone:	Business Fax:		
Mobile:	Email:		
Supervising Physician Preceptor Signature:			Date:

**REQUIRED DOCUMENTATION TO BE ATTESTED TO ON THE CWR STUDENTS INITIAL ATTESTATION FORM (IAF) AFTER PRECEPTOR APPROVAL Due two weeks prior to start date - Heather will send AdventHealth specific forms via email. All experiences require current mask fitting within 12 months of rotation dates.**

<p><b>Contingent Health Care Worker Orientation Manual</b> - read and complete pgs. 31-33 and return to your clinical coordinator or academic representative so they may attest completion on IAF.</p>	<p><b>AdventHealth Orlando Computer Access Agreement (CAA)</b> This is a separate form from IAF which you will need to email Heather directly after entering date and name on page one and signing and dating on page two.</p>
<p><b>Initial Attestation Form</b> IAF Student Rotation Understanding Hand Hygiene Education Requirement Attestation p.3 <b>Student must sign as CWR &amp; Student before school signs.</b></p>	
<p>Neg. 5-Panel Drug Screen (Amphetamines, Marijuana, Cocaine, Opiates, and Phencyclidine) completed while enrolled in your current program with no more than four months break in active enrollment.</p>	<p>TUBERCULOSIS SCREENING (Negative PPD, Quantiferon or Clear Chest X-ray) since being enrolled in current program</p>
<p>Criminal Background Check Report - Valid while enrolled in your current program with no more than 4 mos break in active enrollment.</p>	<p>RESPIRATORY MASK FIT CERTIFICATE Must be dated within 12 months of all rotation dates (updated annually from initial testing).</p>
<p><b>In order to obtain GME ID Badge:</b> Photo ID (Driver License or Passport) Student ID from current program to be worn during rotation while on hospital, Health Insurance is required of students on clinical rotation. COVID-19 and Flu Vaccine Consent/Declination login with OPID required online via AdventHealth specific websites in order to obtain stickers for your GME ID. Instructions will be provided.</p>	<p>PROOF OF IMMUNIZATIONS: MMR Vaccination, Varicella Vaccination or Immunity, Hepatitis B (If refused, you must provide a signed waiver to be retained with your program.) Tetanus, Diptheria, Pertussis (Tdap) (or signed waiver if refused) COVID-19 and Flu Vaccine Consent/Declination - Flu Vaccine required Oct-March (If refused must provide a signed waiver and wear mask in patient care areas.) Must be dated since August 1 of current flu season.</p>

**ALN WBT Transcript** - Submitted to Heather after completing online training – Heather will send instructions  
**Badge Access Statement** - Provided by Heather - Must be returned with signature to Heather after obtaining GME ID.

**Submit Application via email to:**  
 AdventHealth Orlando Graduate Medical Education  
 Heather M.S. Hernandez, Medical Student Clerkship Coordinator  
 Heather.Hernandez@AdventHealth.com