



**Graduate Medical Education**

**MEDICAL STUDENT CLINICAL ROTATION APPLICATION**

If the rotation is confirmed through your clinical coordinator or approved through Heather directly with a GME program/preceptor, please submit page one only.

All requests for experiences outside of GME programs must include a preceptor signature on page two. All rotations must be formally approved by Heather before clinical permissions can be granted. **Handwritten applications will not be accepted.**

Date:

<b>APPLICANT INFORMATION</b>			<input type="checkbox"/> NEW TRAINEE/NEED ONBOARDING	<input type="checkbox"/> RETURNING ROTATION
Last Name:		First Name:		Middle Name:
M	F	O	Date of Birth (MM/DD/YYYY):	Full SSN or SIN w/o dashes:
School Issued Email Address:			Cell Phone w/dashes:	
Emergency Contact Name:			Emergency Contact Phone:	
Have you ever been a volunteer, observer, student or employed at any Florida Hospital or AdventHealth location?			Yes	No
			OPID:	I don't recall the OPID

**SCHOOL/PROGRAM CONTACT INFORMATION** (OFFICIAL DESIGNATED TO RECEIVE CORESPONDENCE/AFFILIATION AGREEMENT/EVALUATION) The only international schools accepted are St. Matthew's University School of Medicine, Ross University School of Medicine and St. George's University School of Medicine.

School/Program Name:				
Coordinator Name:		Title:		
Email:		Street Address:		
Business Phone:		City:	State:	Zip:
Expected Graduation Date (MM/DD/YY):		Business Fax:		

**ROTATION REQUEST** (One request per application.)      Inpatient Experience      Outpatient Experience

Preceptor Name (First & Last):		Credentials:		
Specialty/Department:		Rotation Start Date:	End Date:	

**RESEARCH:**  I understand research is not permitted unless part of my school's academic affiliation agreement during a clinical rotation and approved by GME Admin.

**TRAINING STATEMENT**

Are you aware of any limitations that would prevent you from performing the duties required for the training you are requesting?  
 No  If yes, please explain by sending an email to Heather

**DISCLAIMER AND SIGNATURE**

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 Name:

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

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:	Outpatient Office:		
Mobile:	Email:		

Supervising Physician Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTATION TO BE ATTESTED TO ON THE CWR STUDENT'S INITIAL ATTESTATION FORM (IAF)**

**Send the application as soon as dates are approved. CWR, IAF and CAA forms are due one month prior to start date. Originals should be retained with your school and not submitted to Heather. The IAF replaces a letter of good standing.**

<p><b>Contingent Health Care Worker Orientation Manual</b> Read and complete pages 32-34 and return to your clinical coordinator or academic (school) representative as part of the IAF. Send a copy to Heather saved as First Name Last Name CWR.</p>	<p><b>AdventHealth Orlando Computer Access Agreement (CAA)</b> Enter date and name on page 1, sign and date on page two. Save as First Name Last Name CAA and save the IAF as First Name Last Name IAF.</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><b>Tuberculosis Screening</b> (Negative PPD, Quantiferon or Clear Chest X-ray) since being enrolled in current program</p>
<p><b>Negative !0-Panel Drug Screen</b> (Amphetamines, Marijuana, Cocaine, Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Methaqualone, Propoxyphene) completed while enrolled in your current program.</p>	<p><b>Respiratory Mask Fitting Certificate</b> Must be dated within 12 months of all rotation dates (updated annually from initial testing).</p>
<p><b>Clear Level 1 Criminal Background Check Report</b> - Valid while enrolled in your current program with no more than 4 months break.</p>	<p><b>Health Insurance</b> is required of all students on clinical rotation.</p>
<p><b>AdventHealth Learning Network (ALN) Web-Based Training (WBTs):</b> Plan for about 8 hrs. on your own time due prior to patient contact. Your Operator ID (OPID) will be emailed to you with a personalized link from AdventHealth Onboard. You will need to first set up your initial password and SecureAuth. Call 800-873-4024 for assistance with password reset.</p>	<p><b>IMMUNIZATIONS:</b> MMR, Varicella or Immunity, Hepatitis B, Tetanus, Diptheria, Pertussis (Tdap) or waiver, COVID-19 and Flu Vaccine or waiver. Flu vaccine must be dated since 8/1 of current flu season. COVID-19 Vaccine and Flu Vaccine Stickers are needed for ID (for rotations Oct-March): In order to obtain stickers for your GME ID, proof must be given to HR in addition to IAF attestation. If no stickers are given due to waiver, a mask must be worn as instructed.</p>

**AdventHealth Orlando GME ID iClass Teal Badge** - Obtained at the respective hospital HR office on your first day prior to reporting to your preceptor. Must be returned to GME Administration after last clinical day. If a returning rotation is expected prior to graduation, please retain the same badge. Door permissions will be reactivated for approved dates. Wear your GME ID on top of your school provided ID and white coat while working in the capacity as a medical student on AdventHealth property. Please ensure the GME student teal template is used when the badge is printed.

**Submit Application via email only to:**  
 AdventHealth Orlando Graduate Medical Education  
 2501 N. Orange Ave., Suite 235, Box 38, Orlando, FL 32804  
 Heather M.S. Hernandez, Medical Student Onboarding Coordinator  
 Heather.Hernandez@AdventHealth.com