Pre-Medical/Medical Student/Resident Rotation Application

Date Application Completed: _____

Personal data:

Full Name: _____

Permanent Address: _____

City, State, Zip: _____

Sex: Male _____ Female _____ U.S.A. Citizen: Yes _____ No _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Address while on rotation:

Visiting Address: _____

City, State, Zip: _____

Emergency Contact & Relationship: _____ Telephone: _____

Please indicate your status:

□ Pre-med student □ Medical Student □ Resident □ Other _____

□ Observership □ Clerkship □ Visiting resident

College/Medical School/Residency Program: _____

Is your medical school accredited by LCME (MD) _____ or AOA (DO) _____

Specialty Rotation: _____

Rotation Dates: _____

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Required Student Documentation:

- Proof of active enrollment in an institution of higher education (for undergraduates) or, Current Letter of Good Standing from Medical School or Residency Program
- Copy of picture ID
- Proof of Malpractice Coverage/Professional Liability Insurance
- Copy of rotation evaluation form from school
- Copy of USMLE Step-1 scores (for MD students) or COMLEX Step-1 scores (for DO students)
- Proof of Medical Insurance
- Immunization Record to include PPD (tuberculosis) status, MMR and flu shot
- Proof of health status (current documentation from your physician stating there is no problem with completion of rotation)

Personal statement:

Please provide a brief narrative explaining why you are interested in completing a rotation with Brookwood Baptist Medical, Inc., including Princeton Baptist and/or Grandview Medical Center. Please include your specialty considerations and academic and career goals.

_____

_____

_____

_____

Are you aware of any limitation(s) that would prevent you from performing the duties of the rotation for which you are applying? No _____ Yes _____ If yes, please explain.

_____

_____

Hold Harmless Statement:

I, the undersigned, do knowingly and voluntarily hereby, waive, release and hold harmless Brookwood Baptist Medical, including Princeton Baptist and/or Grandview Medical Center, its employees, faculty and residents from any liability or claim, demand action, judgment, court cost, reasonable attorney fees and liability of any kind for damages as a result of any injury sustained by me during performance of a rotation at Brookwood Baptist Medical, including Princeton Baptist and/or Grandview Medical Center. I accept full responsibility and agree to exercise reasonable precautions in the interest of safeguarding my health and well being while participating in the rotation.

_____ _____

Student Signature Date

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Confidentiality Acknowledgement

I, the undersigned do hereby acknowledge that the Brookwood Baptist Medical and/or its affiliated facilities, including Princeton Baptist and/or Grandview Medical Center have provided me access to patients' medical records and other patient care information. In consideration of this provision, I agree that:

1. I will not disseminate, discuss or relate the contents of any of these records except as necessary in the course of care of the patient.

2. I will not disseminate, discuss or relate any communications concerning a patient. I understand that these communications include but are not limited to diagnosis, medical treatment, nursing care and billing information. I will not allow anyone else to access patient information using my name or password. Further, I understand that any access made using my name or password will be attributed to me.

3. Any breach of patient confidentiality related to my accessing any medical records or patient information could result in my access to this information being denied.

4. Any violation of this or any other policy relating to this confidentiality of patient information can result in disciplinary, punitive and/or legal action being taken against me. Further, I agree to indemnify and hold the Brookwood Baptist Medical and/or its affiliated facilities harmless for any liability arising from my violation of this policy.

_____ _____

Name Date

_____

Signature

_____

Witness

I certify that the information provided on this application is true, accurate and complete.

_____ _____

Signature Date