

## Application for rotation – Visiting Medical Student

**SECTION I:** To be completed by the Visiting Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Contact Phone: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_  
(Month/Day only) (If no US SSN use last four digits of phone number)

Language Fluency: \_\_\_\_\_ Level of Proficiency: \_\_\_\_\_

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Medical School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
(Month/Year only)

School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School Contact Email Address: \_\_\_\_\_

Please select from the following and attach a personal statement describing why you are applying for a rotation with Spectrum Health / in West Michigan:

I previously lived in West Michigan  
 (Number of years: \_\_\_\_\_ )

I attended college (undergrad) in Michigan

I have family in West Michigan

I hope to complete my residency training and/or practice in West Michigan

**Rotation Choices**

**Dates**

TO

TO

TO

<u>Office of Medical Education Use Only</u>	
Approved _____	Date Coming _____
Type of Learner <u>International Med Student</u>	
Application Received _____	
Application Processed _____	

## Visiting Medical Student Checklist

I understand visiting students are limited to one rotation, each specialty has different application requirements and that submission of an application does not constitute approval of rotation request or that I will be granted my top choice elective.

The Program Director, Clinical Coordinator, or designee has completed and signed Section II of my application.  
(OR)

I have attached (or requested from my school) a letter of good standing which verifies my academic status, approval to apply for this rotation, OSHA/Blood Borne Pathogen and HIPAA training, and professional liability insurance.

I understand if I am accepted for a rotation, I will be contacted and asked to complete a mandatory drug screen and background investigation.

I understand that if I am accepted, my rotation will be contingent on the establishment of an affiliation agreement between my school and Spectrum Health.

- I have attached (or requested from my school) copies of all required documentation, including but not limited to:
- Certificate of Professional Liability Insurance which will provide coverage while rotating at Spectrum Health
    - Student must carry minimum \$1 million occurrence and \$3 million aggregate liability insurance (Spectrum Health does not provide liability coverage for visiting students)
  - Current medical school transcript
  - Curriculum Vitae (CV) or résumé
  - Copy of USMLE Step 1 scores (if taken)
  - Personal statement describing desire to complete a rotation with Spectrum Health

If accepted for a rotation, the student agrees to the following:

- Student will arrange his/her own housing and transportation
- Student will complete any required institutional and rotation-specific orientations
- Student will wear hospital issued ID badge(s) and adhere to rotation-specific dress code
- Student will comply with all specific training site policies
- Student will perform assigned duties to the best of his/her ability and work assigned shifts
- Student will maintain patient confidentiality by following all HIPAA regulations
- Student will provide preceptor with their school's evaluation form and instructions on returning it

Any rotation changes or cancellations should be communicated to the office of medical education as soon as possible and within 60 days of the rotation start. Students should not contact preceptors directly.

Submit completed application **no less than 90 days in advance of rotation start date** via email to:

[MedStudentScheduling@spectrumhealth.org](mailto:MedStudentScheduling@spectrumhealth.org).

Or mail to: Spectrum Health Office of Medical Education  
Attn: Academic Scheduling  
945 Ottawa Ave NW  
Grand Rapids, MI 49503

**I authorize my medical school to release to Spectrum Health Office of Medical Education all performance and health information necessary to complete SECTION II of this application.**

*Applicant's Signature*

*Date*

