



CLINICAL ROTATION APPLICATION

Contact Information

First Name _____ Last Name _____ Middle _____

Current Address

Street _____ Apt./Suite# _____

City _____ State _____ Zip _____

Social Security # _____ (required)

Permanent Address (if different)

Street _____ Apt./Suite# _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Are you an employee of Bothwell Regional Health Center (hospital or clinics)? Yes No

If yes, which department: _____

School Information

Name of School _____

Specific Program _____ Anticipated Degree _____

Date enrolled _____ Anticipated date of Graduation _____

School Contact person _____

Phone number _____ Email address _____

Please Attach Resume/CV and Cover Letter

Clinical Rotation Information *(please include the exact dates of each rotation requested)*

1. Specialty area requested: _____

Dates requested: From: _____ To: _____

Hours per week requested: _____

Is there a certain physician/provider you are requesting (please list)

Do you have specific clinical objectives for this rotation (please list)

2. Specialty area requested: _____

Dates requested: From: _____ To: _____

Hours per week requested: _____

Is there a certain physician/provider you are requesting (please list)

Do you have specific clinical objectives for this rotation (please list)

3. Specialty area requested: _____

Dates requested: From: _____ To: _____

Hours per week requested: _____

Is there a certain physician/provider you are requesting (please list)

Do you have specific clinical objectives for this rotation (please list)

Why are you interested in a clinical rotation at Bothwell?

The following documents will be needed in order to obtain student privileges at Bothwell. These documents may be sent *after* you receive notification that your rotation is approved.

Medical Staff Office

- Eligibility Letter (of good standing from school)
- Current Curriculum Vitae
- Liability Letter
- Background Check (if school doesn't provide the student may be responsible)
- 5 panel drug screen (if school doesn't provide one the student will be responsible)
- Current TB Skin Test (within 6 months)
- Proof of immunizations records
- Copy of Driver's License
- BLS certificate

Human Resources

- Family Care Safety Registry (student is responsible for fee if not provided by school; please register **before** your orientation date; go to <http://health.mo.gov/safety/fcsr/>)
- Other items that will be completed in HR at orientation are: Name Badge and Acknowledgement form, Annual Education Acknowledgement form, Confidentiality Agreement, IS Access Agreement
- Students will also meet with the employee health nurse at orientation