

## **Cover Sheet for Medical Staff Clinical Rotations**

This form is designed to assist in expediting the clinical placement of medical staff, clinical rotation students. In accordance with Bon Secours Charity Health System's policies, we are asking that the faculty/student submits all requested documentation in one complete packet.

| Name of Student:                                      | Date:  |
|---|--|
| Preceptor/Department:                                 | Rotation Start Date:                                       |
| School/Educational Institution:                       |  |
| School Contact/Coordinator:                           | Email:   |
| I have reviewed the following information:            |  |
| □ Code of Conduct □ Catholic and Relig                |  |
| Initials  | Initials   |
| I have attached the following documentation:          |  |
| Clinical Rotation Request Form                        |  |
| Confidentiality Agreement                             |  |
| EMR Security Access Form                              |  |
| Orientation Verification Attestation                  |  |
| Health Assessment                                     |  |
| □ PPD Results (within one year) If PPD positive, a ch | est x-ray report must be included within the past 2 years. |
| 🗆 Rubella Titre                                       |  |
| □ Rubeola (Measles) Titre, if born after 1/1/1957     |  |
| Flu Vaccine for current season.                       |  |

## Submit this Cover Sheet with ALL required paperwork via Email or Fax

A representative from Bon Secours Charity Health System will contact the student for an in-person meeting prior to start of their rotation. EMR (ConnectCare) training will also be required.

## Submit Emergency Medicine requests to:

Good Samaritan Hospital, Emergency Department Cathy Grady, Administrative Assistant Medical Staff Services Cathy\_Grady@bshsi.org 845-368-5831 Office 845-368-5962 Fax

## Submit all other department requests to:

Good Samaritan Hospital Karen Stoohs, CPCS, CPMSM, System Manager, Medical Staff Services Karen\_Stoohs@bshsi.org 845-368-5470 Office 845-368-5938 Fax