

STUDENT ROTATION APPLICATION

STEP 1: APPLICANT, PLEASE COMPLETE AND TYPE ALL RESPONSES DIRECTLY ON THIS FORM

Date: _____

Name: _____ Previous Name: _____
First M Last Previous First Previous Last

Address: _____ City, State, Zip: _____

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

Applicant's Phone #: _____ Applicant's preferred e-mail address _____

Local emergency contact: _____
Name Phone # Relationship to Applicant

School Name: _____ School/Program Location (City/State): _____

Year in school for this rotation: 1st 2nd 3rd 4th Expected date of graduation: _____

Program Contact Name: _____ E-mail address: _____ Phone # _____

Current Program: Resident ___ NP ___ PA ___ CRNA ___ Masters ___ DNP ___ PHD ___ Other _____

Area of specialty _____

If current resident, list residency program: _____ Is the program GME Certified: Yes No

Previous Educational Experience:

High School (name/city/state): _____ Date of Graduation: _____

Undergraduate (name/city/state): _____

Residents, list Medical School(s): _____

Previous Health Care Experience: _____

Two years of patient facing medical experience as RN (location) _____

Two years other medical experience (explain) _____

MN Medical License # _____ Expiration Date _____

Desired Rotation (COMPLETE THIS SECTION IN ENTIRETY):

<input type="radio"/> Anesthesia <input type="radio"/> Cardiology <input type="radio"/> Family Medicine: <input type="radio"/> Outpatient Peds & Adult <input type="radio"/> Outpatient Adult only <input type="radio"/> Emergency Room/Urgent Care <input type="radio"/> Hospitalist (Inpatient only) <input type="radio"/> Internal Medicine: <input type="radio"/> Inpatient <input type="radio"/> Outpatient <input type="radio"/> Oncology <input type="radio"/> Psychiatry <input type="radio"/> Administration	<input type="radio"/> OB/GYN only <input type="radio"/> Orthopedics <input type="radio"/> Palliative Care <input type="radio"/> Pediatrics Outpatient <input type="radio"/> Pulmonology <input type="radio"/> Surgery <input type="radio"/> Other _____
---	---

Exact Start Date: _____ Exact End Date: _____ Total Number of Hours **REQUIRED**: _____

Preceptor may be (check all that apply): MD ___ DO ___ NP ___ PA ___ CRNA ___ MSN ___ DNP ___

How many preceptors does your program allow per rotation? _____ (limitation of one preceptor may decrease chance of getting a rotation.)

Additional Information:

Student's current occupation and employer: _____

Previous CRMC Experience: Start Date _____ End Date _____ Employee/Person # _____

Reason for leaving _____

What are your objectives for requesting a rotation with CRMC? _____

Do you have any specific interests while you are here for your rotation? (Clinic / inpatient / other): _____

If yes, describe: _____

What interest do you have in CRMC? _____

Do you have family living in the area? Yes ___ No ___ If yes, please elaborate (how related, their location): _____

Does significant other currently work for CRMC? Yes ___ No ___ (If yes, their position): _____

Does significant other currently work in Central MN area? Yes ___ No ___

Indicate specialty or area of interest you plan to work in upon graduation: _____

What rotations have you already completed and where? _____

Have you had training and/or experience with gowning, gloving, sterile field? Yes ___ No ___

Once out of school, what kind of practice do you envision having? _____

Have you had experience with Epic/Excellian electronic medical record? Yes ___ No ___ If yes, when did you last use Epic? ___ month/yr

a. Which applications or in what work environment did you use Epic?

- Clinic Hospital Inpatient Hospital Outpatient ER Surgery

b. What key functions did you perform in Epic system?

- Order Entry Phases of Care Update Patient Problem List Update Patient Medication List
 Use In-Basket Use Smart Tools to Document in Patient Chart

I, THE STUDENT, UNDERSTAND THE FOLLOWING:

- ❖ Objectives must be consistent with the Cuyuna Regional Medical Center Corporate Bylaws, Medical Staff Bylaws, and Rules and Regulations.
- ❖ All communication regarding possible rotations/questions should be between the school/program or student and Cuyuna Regional Medical Center's representative.
- ❖ An Affiliation Agreement or Short-Term Agreement must be signed and current between the school and Cuyuna Regional Medical Center.
- ❖ All forms/requirements must be submitted at the same time. Applications with missing documentation will not be considered.
- ❖ Submission of application and required documentation does not guarantee approval of the rotation. The CRMC representative will notify the program representative or student if the requested rotation has been approved or if they are unable to accommodate a rotation.
- ❖ Rotation requests from applicants who are not currently employed by Cuyuna Regional Medical Center will be considered starting 3 months prior to the requested start date.
- ❖ If accepted for rotation, I will need to complete Epic training and online education/orientation modules.
- ❖ It is always a requirement to wear the ID badge provided by Cuyuna Regional Medical Center during a rotation at CRMC site(s). The ID badge must be returned to Human Resources on the last day of the rotation. If after hours, the ID badge should be given to the preceptor.
- ❖ Cell phone use during the rotation period is prohibited.
- ❖ I must read and comply with the Cuyuna Regional Medical Center Dress Code Policy.
- ❖ In the event of an illness or injury while at a CRMC site, emergency care will be provided in the Emergency Room at CRMC or the nearest ER at my full expense; or I may go to my personal physician at my full expense.
- ❖ The school/program must contact Cuyuna Regional Medical Center's representative one month prior to start of rotation for cancelation. The cancelation will not open a spot for a different applicant from the same program.
- ❖ I allow Cuyuna Regional Medical Center (CRMC) to share my application and all material provided by me or my school with all CRMC entities.

 Applicant's signature

 Date

STEP 2: APPLICANT SUBMISSION INSTRUCTIONS AND CHECKLIST

All communication regarding possible rotations or questions must be between the school or student and Cuyuna Regional Medical Center's representative.

STEP 3: PROGRAM REPRESENTATIVE/STUDENT SUBMISSION INSTRUCTIONS AND CHECKLIST

Program representative/Student, upon receipt of all documents, complete the program representative checklist below, and submit all materials in one pdf file to CRMC's representative. All application materials must be received no later than 6 weeks prior to the start of a rotation. Applications with missing documentation will not be considered. Please allow up to three weeks to receive a response pertaining to rotation availability. If a requested rotation is no longer needed, Cuyuna Regional Medical Center must be notified immediately.

PROGRAM REPRESENTATIVE/STUDENT SUBMISSION CHECKLIST:

- Completed and signed Student Rotation Application and required documentation
- Completed and signed Attestation Form found following the Student Rotation Application-**This form must be signed by school representative.**
- Rotation objectives that pertain to the specific requested rotation (1-2-page max)

For **MD, DO applicants**, provide a copy of the following:

- Confirmation of resident being in a GME accredited program
- Current **MN licensure** as a physician or resident or MN Medical Permit
- PLA (Program Letter of Agreement) signed by program & Cuyuna Regional Medical Center
- Current **malpractice insurance** if not outlined in Educational Experience Agreement or PLA

PROGRAM REPRESENTATIVE ATTESTATION FORM FOR ALL STUDENTS

By signing this form, I (Program Representative), attest that...

The following immunizations are currently on file with the School/Program (see next page for full descriptions): <ul style="list-style-type: none"> • 2-step TB skin test (TST/Mantoux). • 2 documented MMR immunizations, or proof of immunity (titer). • 2 documented chicken pox (varicella) immunizations, or proof of immunity (titer), or medical statement from healthcare provider of clinic visit when applicant was seen and diagnosed with Varicella or Zoster (shingles). • 3 documented Hepatitis B vaccinations, or 2 documented Hepatitis-B vaccinations, or proof of immunity (titer), or completed declination form. • Tdap vaccination after age 11.
The following is or will be on file prior to the start of the student's rotation (see next page for full descriptions): <ul style="list-style-type: none"> • A Criminal Background Study. **If report shows applicant is not in good standing or there is a change in validity, I will notify CRMC immediately. • Negative 7-panel Urine Drug and Alcohol Testing (within the three months prior to the applicant's initial Educational Experience at CRMC or admission to their program. Tests will need to be repeated for applicants who leave school and return at a later date). • Current registered nurse licensure in the State of Minnesota (for NP, CNS, CNM, & CRNA applicants). • Current AHA Basic Life Support Healthcare Provider card (for PA, NP, CNS, CNM, and CRNA applicants).
I will submit a hard copy of the applicant's annual flu vaccine documentation for the current season to CRMC by October 1 st .
This program is accredited by an organization that is recognized by the Department of Education, the Centers for Medicare and Medicaid Services, or another national body that reviews the accrediting organizations for multiple disciplines.
The "Advanced Practice Provider School Prioritization for Student Clinical Rotations Guidelines" has been reviewed (included on page 6 of this application).
If APRN program, applicant has had 2 years of RN experience prior to admittance to academic program (requirement for student rotation).

Do not send hard copies of the above requirements (with the exception of the flu vaccine documentation). If you are unable to attest to all requirements listed above, you must obtain these records from the applicant and file them within the applicant's record at your facility prior to completing this form. Compliance with the above requirements is needed for the duration of the rotation and the duration of additional rotations. A description of each of the requirements is found following the attestation form and in Exhibit 2 of the affiliation agreement.

Please select appropriate response:

APRN program has _____ total patient facing hours requirement (select appropriate range). ***Patient facing hours <u>exclude</u> DNP project work Students with 600 or less patient facing hours are not eligible for a rotation.
<input type="radio"/> 1000+ <input type="radio"/> 750-999 <input type="radio"/> 600-749 <input type="radio"/> N/A
PA program has _____ total patient facing hours requirement (select appropriate range). Students with less than 2000 patient facing hours are not eligible for a rotation UNLESS they have 2+ years of medial experience.
<input type="radio"/> 2000+ <input type="radio"/> 2+ yrs Med Experience <input type="radio"/> N/A
APP Program Details (CRMC will not be partnering with solely online programs or providing rotations to students who enroll in exclusively online programs. Must have on-campus component requirement.)
<input type="radio"/> On Campus <input type="radio"/> Online + On Campus <input type="radio"/> Online only
Proximity of school to CRMC sites:
<input type="radio"/> MN <input type="radio"/> WI, IA, SD, ND <input type="radio"/> Other
Has this applicant completed other rotations at CRMC?
Yes ___ No ___

I attest that all information submitted is true and correct, agree to keep and maintain documentation evidencing compliance with the above listed requirements, agree to provide documentation evidencing compliance with the above listed requirements to CRMC within 24 hours upon CRMC's request per the affiliation agreement, and understand that if the above requirements are not met, maintained, or provided upon the requested deadline, CRMC shall have the right to deny the rotation request and/or require the School/Program to remove any student/resident from the educational experience at CRMC. Such a decision to request removal of a student/resident or faculty from the educational experience is in the sole discretion of CRMC and shall not be subject to consideration or reconsideration by any other person or entity.

Name of Applicant: _____ Date enrolled in this program: _____

Program Representative Signature: _____ Date: _____

Program Representative Printed Name: _____ Title: _____

ADDITIONAL ATTESTATION FORM INFORMATION

1. A Background Study result is required for every applicant. It is the responsibility of the School to request the background study on behalf of the applicant. Results must be received prior to the applicant being accepted into their clinical rotation.
2. Urine and Alcohol Testing:
 - 7-panel drug screen includes: Amphetamines, Cannabinoids, Cocaine, Phencyclidine, Opiates, Barbiturates, Benzodiazepines, plus alcohol with adulterants testing.
 - If not yet completed for current program, the applicant should wait to complete the Urine and Alcohol testing until after rotation availability is determined, as rotations are not guaranteed.
 - Urine and Alcohol Testing from 7-panel drug screen may be conducted at a facility directed by their program.
 - The applicant may also contact any occupational health clinic that runs the Urine and Alcohol Testing from a 7-panel drug screen. Applicants are responsible for ensuring that the clinic/lab they work with conducts the correct test.
3. Two-step Tuberculin Skin Test (TST/TB)/Mantoux:
 - Prior to participating in the Educational Experience, the applicant must complete a two-step baseline TST.
 - The first step must be completed within 90 days of starting the educational program or observation experience. The 2nd TST should be within 21 days of the first. If a previous negative TST was done in the past 12 months, that can be considered the second TST.
 - A TB blood test (e.g. QuantiFERON-TB Gold, T-SPOT) may be utilized in place of TST if completed within 90 days of rotation.
 - Following the two step TST/TB/Mantoux test, yearly testing is required.
 - If applicant has a positive Mantoux history, a negative chest x-ray can be accepted, along with a completed TB Symptom Form (provided by CRMC upon request).
4. MMR and Varicella:
 - If the applicant does not have evidence of 2 MMR and 2 Varicella immunizations, a positive titer will need to be provided.
 - If the applicant has a negative titer, completion of the immunization series is required. Please note, there is a 28-day waiting period between the first vaccine and the second vaccine. If both MMR and Varicella vaccines need to be completed, they must be done at the same time to avoid further delay.
5. Evidence of 3 Hepatitis B vaccinations, 2 doses of the Hepatitis-B vaccine, a positive titer, or completion of the declination form (provided by CRMC) is required.
6. Evidence of receiving Pertussis (Tdap) vaccination after age 11 is required. (This is not tetanus/Td.)
7. Influenza vaccination documentation is required for all students/residents who will be on-site between October 1 – April 30. Students who do not receive the flu vaccination are required to wear a mask at all times in areas where patients may be present. Failure to either submit evidence of immunization or comply with CRMC policy to wear a mask if not vaccinated may result in loss of clinical time or termination of experience.

Advanced Practice Provider School Prioritization for Student Clinical Rotations Guidelines

CRMC is committed to developing a high-quality organization including a high-performance diverse clinical staff. Advanced Practice Providers (APP) are a rapidly growing segment of the health care workforce; training programs have proliferated and CRMC has recognized a difference in the quality of the training of graduates from programs. Because of these differences, CRMC will prioritize APP programs for providing clinical hours. The goal of prioritization is to ensure the success of APP students in their rotations and enhance recruitment of high-quality talent to our team. CRMC employees seeking to further their education will be encouraged to consider CRMC's prioritization when selecting an academic institution. Due to high demand, not all rotation requests will be filled; adherence to our prioritization listed below increases the opportunity for rotations requested.

Prioritization of APP programs will be based on three major factors:

- a. Current Employees
- b. Quality of the school program*
- c. School's proximity to CRMC sites*

*Quality and proximity related to APP programs are given more definition below.

All training programs will be evaluated and ranked by the following criteria:

- a. Accredited by professional organization - Requirement
- b. APRN Programs:
 - a. Clinical patient facing hour requirement (excludes DNP project hours); placement will be granted in the following order:
 - i. 1000 patient facing hours
 - ii. 750-999 patient facing hours
 - iii. 600-749 patient facing hours
 - iv. Students with 600 or less patient facing hours are not eligible for a rotation
 - b. Program must require or student will need to submit verification of two years of Registered Nurse experience prior to starting the APRN program
- c. PA Programs
 - a. Clinical patient facing hour requirement 2000 (excludes project hours)
 - b. Two years required medial experience if less than 2000 clinical hours
- d. On campus clinical/didactic component (hybrid)

Proximity of school to CRMC sites could be prioritized in this order:

1. Within Minnesota
2. Within surrounding four states (WI, IA, SD, ND)
3. On-campus component outside of states listed in #1 and #2

CRMC supports quality educational programs and is committed to the success of students rotating with our providers. Due to the volume of quality local programs, we have elected to focus our rotations on those programs with a campus component or hybrid format (online plus on-campus) and **will not be partnering with solely online programs or providing rotations to students who enroll in exclusively online programs.*

Traditional and hybrid programs are available for non-traditional students and working adults. CRMC does consider our current and past employees as priority for student rotations.

Current CRMC employed certified APPs seeking additional certifications or advance degree, will not be required to adhere to the current guidelines so long as they have 2080 hours of APP experience.