

# Student Rotation Application

NP, MD, PA



## Step 1

Date: \_\_\_\_\_

**Please complete all questions below.**

Name: \_\_\_\_\_ Sex: M / F / Prefer not to say  
First M Last

Previous Name: \_\_\_\_\_  
Previous First Previous Last

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ U.S.A Citizen: Yes No

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### EMERGENCY CONTACT

Local Emergency Contact: \_\_\_\_\_  
First Last Relationship to Applicant

Emergency Contact's Phone number: \_\_\_\_\_

### SCHOOL INFORMATION

School Name: \_\_\_\_\_

School/Program Location (City/State): \_\_\_\_\_

Year in school for this rotation: 1st 2nd 3rd 4th Expected Graduation: \_\_\_\_\_

Current Program: NP PA CRNA MASTERS DNP PHD Other: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

Program Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### PREVIOUS EDUCATIONAL EXPERIENCE

Undergraduate \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Previous Health Care Experience: \_\_\_\_\_

### DESIRED ROTATION (CIRCLE)

Anesthesia

Cardiology

Family Medicine: Outpatient Peds & Adults    Outpatient Adults Only

Emergency Room/Urgent Care

Hospitalist (Inpatient Only)

Internal Medicine: Inpatient    Outpatient

Oncology

Psychiatry

Administration

OB/GYN only

Orthopaedics

Palliative Care

Pulmonology

Surgery

Other: \_\_\_\_\_

Exact Start Date: \_\_\_\_\_ Exact End Date: \_\_\_\_\_ Required Hours: \_\_\_\_\_

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

How many preceptors does your program allow per rotation?: \_\_\_\_\_

*\*limit of one preceptor may decrease chance of getting rotation*

### ADDITIONAL INFORMATION

Student's current occupation and employer: \_\_\_\_\_

Previous CRMC Experience: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employee #: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### PLEASE SELECT APPROPRIATE RESPONSE

APRN program has \_\_\_\_\_ total patient facing hours requirement (select appropriate range).

**\*\*\*Patient facing hours exclude DNP project work. Students with 600 or less patient facing hours are not eligible for a rotation.**    1000+    750-999    600-749    N/A

Proximity of school to CRMC sites:    MN    WI    IA    SD    ND    Other: \_\_\_\_\_

Has this applicant completed other rotations at CRMC?    Yes    No

I certify that all information provided is true and correct, agree to maintain and promptly provide documentation of compliance with the above requirements upon CRMC's request, and understand that failure to meet, maintain, or provide proof of compliance may result in denial of the rotation request or removal from the educational experience at CRMC, at CRMC's sole discretion.

Signature of Applicant: \_\_\_\_\_ Date enrolled in program: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Step 2

**Student,** submit student rotation application to [careers@cuyunamed.org](mailto:careers@cuyunamed.org). Upon receipt of the student rotation application, CRMC will review the application with the desired rotation team. 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.

## Step 3

Upon approval of the student rotation request a CRMC representative will contact the student by email which will include additional required documents, below is a list of what will be required, this information needs to be returned no later than 4 weeks prior to the start of a rotation. **\*These are not required with the initial application request.**

1. Copy of MN Department of Human Services Background Study (this will come from your school)
2. Professional Photo, if available
3. Signed School affiliation agreement (this will be verified upon request of student rotation)
4. Certificate of liability certificate (this will come from your school)
5. Complete Cuyuna U mandatory education
6. Immunizations- All immunizations and tests are at the school/student's expense
  - **MMR** (measles, mumps, and rubella): 2 vaccinations are required, or documentation of positive titers
  - **Varicella** (chickenpox): 2 vaccinations are required, or documentation of positive titers, or physician certified medical documentation of a positive history of the disease.
  - **A negative Tuberculosis Test:** TB symptomology screening and TST/IGRA/TSPOT testing is required within 90 days prior to starting observation at CRMC -or- completed during enrollment of current student program. This includes a 2-step Mantoux or IGRA testing.
  - **Proof of Annual Flu Shots** (influenza): If not vaccinated,
  - **Declination form will be provided**
  - **Pertussis (tdap) Vaccination:** One-time vaccination after the age of nineteen (19).
  - **Proof of COVID vaccination:** (if not vaccinated declaration form will be provided)
  - **Declination form will be provided**