

Student Rotation Application

OT/PT, CRNA, RN Capstone, Pharmacy, Other



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: _____

Program Contact Name: _____

Phone number: _____ E-mail address: _____

PREVIOUS EDUCATIONAL EXPERIENCE

Undergraduate _____ State: _____ Year of Graduation: _____

Previous Health Care Experience: _____

Exact Start Date: _____ Exact End Date: _____ Required Hours: _____

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: _____

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. 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**