

Name of Student _____

Name of Doctor/Group _____

Dates of Rotation _____

Student Rotation Credentialing Checklist

The following information must be provided to Bozeman Deaconess Administration for students who are requesting rotations with Medical Staff members prior to beginning their rotation.

NOTE: The supervising Medical Staff member must be present with the student during their rotation.

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___ Student's Photo (copy of Drivers license or Passport will work)

___ CV

___ Immunization Record.

___ Copy of Confidentiality Agreement

___ Copy of Computer Security Agreement

___ Copy of the Agreement between the Medical Staff member and the school indicating dates of rotation.

___ Letter of good standing with the school.

___ Copy of Affiliation agreement with BDH

___ Documentation that the student is covered by the school's professional liability insurance including dates and amounts of coverage.

___ Letter from Medical Staff member indication they will be supervising the student during the specific dates (and who from their group would be supervising in the physician's absence).

___ Proof of surgical rotation, if completed or documentation of training in sterile technique and scrubbing for surgery. *The Visitor is required to contact the Surgical Services Educator (522-1689) within a timely period prior to the visit. (Not applicable if not going into O.R.)*

Signature Admin

Date