## **COPLEY MEMORIAL HOSPITAL**

## Items to be submitted with Request for Medical Student Rotation Checklist (Contracted Schools)

1.	All requested documents must be <u>completed and received</u> no later than 30-days prior to requested start date. Requests will not be processed until all items are received.
2.	To expedite the processing of your request, submit ALL items listed below in one batch. These may be sent via email, fax, or the US Postal Service to the address listed below.
	☐ Clinical Rotation/Observation Experience Request Form
	□ Course Goals & Objectives and sample Evaluation Tool
	□ Completed Health Screen form along with recent of TB for current year
	☐ Copy of current year receipt of Influenza Vaccine for October – March rotation requests
	□ COVID 19 Vaccination/Exemption status Attestation
	☐ Letter of Good Standing from student's academic institution to include:
	<ul> <li>Student's start date in training program</li> <li>Student's anticipated graduation date</li> <li>Approval for Clerkship Rotation</li> <li>Declaration the student is held in good standing at the training program</li> <li>Maintenance of current TB information and immunization records</li> </ul>
	□ Rotations in Surgery, Obstetrics and Interventional Procedural areas: Provide a transcript demonstrating successful completion of a 12-week core rotation in Surgery.
	□ DOB and last four (4) numbers of Social Security number
3.	Student Responsibilities for Scheduling Orientation:  □ Each student is required to participate in a 10 minute orientation on the first day of rotation. Orientation is held in the Family Medicine Residency Program office (FMRP), located on the 3 <sup>rd</sup> level of the Professional Office Building I (POB I) in Suite 325. Please contact Angela Fredricks at 630-375-2814 with any scheduling questions.
	□ Rotations in Surgery, Obstetrics and Interventional Procedural areas require a 90-minute orientation with the Surgery Educator. Students will be given information to schedule this session in advance.
4.	<u>Dress Code:</u> While in the hospital, students are required to wear a clean lab coat and display a photo identification badge above the waist at all times.
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	We look forward to having you as our guest during your student rotation.
	Attention Student Coordinator: Send completed clerkship items to: Angela Fredricks, Family Medicine Residency Program Rush Copley Medical Center

2020 Ogden Avenue, Ste 325 Aurora, IL 60504 630-375-2814 Fax: 630-375-2812 Email: Angela.fredricks@rushcopley.com