



## APPLICATION FOR CLINICAL ROTATION

**All documentation must be received in the Medical Staff Office 28 days prior to the start of clinical rotation.**

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address (mandatory): \_\_\_\_\_

Date of Rotation at OSF LCMMC: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician/Group you will be rotating with: \_\_\_\_\_

\*\*\*\*\*

EDUCATION: *Please List School, Degree and Complete Dates*

Medical School: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

POSTGRADUATE TRAINING: *Please list Institution, City, Program and dates*

Internship: \_\_\_\_\_

Type of Internship: \_\_\_\_\_

PGY Year: \_\_\_\_\_

Residency: \_\_\_\_\_

Type of Residency: \_\_\_\_\_

PGY Year: \_\_\_\_\_

\*\*\*\*\*

Please provide the following information:

Illinois License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10-Digit NPI Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

BY SIGNING BELOW, I AGREE TO ABIDE BY ALL OSF LCMMC POLICIES AND PROCEDURES:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



**IN SUPPORT OF THIS APPLICATION, THE FOLLOWING IS MANDATORY:**

**(Please check off that you have attached)**

- ☐ Letter from Program Director stating that you are in good standing and part of an accredited program and purpose for OSF LCMMC rotation is educational only.
- ☐ Resume
- ☐ Certificate of insurance and a letter indicating adequate malpractice coverage will be extended, and all liability, which may arise, will be covered while you are at OSF LCMMC. (OSF LCMMC as certificate holder)
- ☐ Copy of current Illinois temporary/permanent license (if applicable)
- ☐ Copy of professional school diploma and/or ECFMG (if applicable)
- ☐ Documentation of trainee's TB skin test results, Hepatitis B immunization or titer, Rubella, Measles, Mumps, and Varicella, and Flu Vaccine
- ☐ Documentation of negative drug screen and criminal background check
- ☐ Documentation of education on blood borne Pathogens
- ☐ Statement from program director stating clinical trainee has been trained in proper surgical scrub technique, (if applicable).

BY SIGNING BELOW, I AGREE TO ABIDE BY ALL LCMH PROFESSIONAL STAFF BYLAWS, PROFESSIONAL STAFF RULES AND REGULATIONS AND OTHER LCMH POLICIES OF WHICH I HAVE BEEN AFFORDED COPIES.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Updated:

5/12

6/19



**OSF<sup>®</sup> HEALTHCARE**  
Little Company of Mary  
Medical Center

## **Global Security Access Information**

Please provide the following information which will be used by OSF Information Systems in relation to security issues surrounding electronic medical records. You may be asked to verify this information if you call to have your password reset.

1. The sum of the month and day you were born. Example: September 15 would be  
 $9 + 15 = 24$  \_\_\_\_\_
2. The first letter of your mother's maiden name. \_\_\_\_\_

\_\_\_\_\_  
**Name (PLEASE PRINT)**

**This form will be shredded after submission of Global Access Security Form**

## STANDARDS OF PROFESSIONAL RELATIONSHIPS

OSF Healthcare is committed to providing a work environment that supports the philosophy of teamwork, collaboration and professional growth. Mission Partners, physicians and other practitioners, contracted staff and vendors will utilize behaviors and interpersonal communication styles that demonstrate courtesy, dignity and respect in all interactions including e-mail, text, and telephone.

We will agree to the following:

- Display common courtesy toward each other
- Work together professionally regard less of past difficulties
- Remain open-minded and actively listen lo others' point of view
- Attend lo problems that may disrupt the work environment
- Verbalize disagreements with discretion
- Address issues with each other in a direct, prompt yet sensitive manner
- Address dissatisfaction with policies through appropriate grievance channels
- Take time to give positive feedback, as well as constructive criticism in an appropriate setting
- Respond to questions and clarify information in a prompt and timely manner
- Recognize and acknowledge the individual expertise of all team members
- Respect cultural differences
- Speak to each other in a respectful manner, both in person and on the telephone
- Use e-mail in a professional manner

All Mission Partners, physicians and other practitioners, contracted staff and vendors will **refrain** from utilizing behaviors that maybe perceived as intimidating, hostile, or harassing. Conduct that falls into these categories will not be tolerated. Behaviors that may fa ll into these categories include, but are not limited to the following:

- Exaggerated tone of voice, screaming, yelling
- Invasion of physical/personal space
- Unwanted touching of another individual
- Grabbing objects from another individual
- Throwing objects
- Name calling and utilizing derogatory remarks towards another
- Use of expletives and foul language
- Berating individuals in front of others
- Stereotyping
- Coercion through intimidation
- Boisterous and disruptive activity
- Joke telling that promotes discrimination towards race, color, gender, national origin ancestry, age, di ability, military status, sexual orientation, sexual identity, religion, and/or other characteristic protected by law.

Anyone encountering these behaviors is encouraged to report the behavior to the immediate supervisor for investigation, documentation and recommendation of appropriate action in accordance with hospital or medical staff applicable policies.

I have read and agreed to abide by the Standards of Professional Relationships as identified above.

---

Print Name

---

Signature

---

Date

# OUR MISSION

In the spirit of Christ  
and the example of  
Francis of Assisi,

the Mission of  
OSF HealthCare

is to serve persons  
with the greatest  
care and love

in a community  
that celebrates  
the Gift of Life.

Jesus Christ, in His compassion, healed the sick and restored them to new life from the first days of His public ministry. Francis of Assisi ministered to the sick from the start of his conversion. The Sisters of the Third Order of St. Francis, like many religious congregations, model Francis' response to the Gospel. This work, especially in outreach to the poor and the outcast, is part of an essential ministry offered to the world by the Catholic Church. We invite all people of goodwill to collaborate with us in service, following the moral vision and teaching of the Church.

In 1876, the first Franciscan sisters came to Peoria to care for the sick and the poor. "OSF" stands for "Order of St. Francis." God entrusts this Mission to us. We hold it as a sacred trust and joyful privilege. "Mission" is "why we are here" – to bring Christ's love and compassion to people by serving their health care needs. We care for the whole person, turning no one away for race, color, religion or economic status.

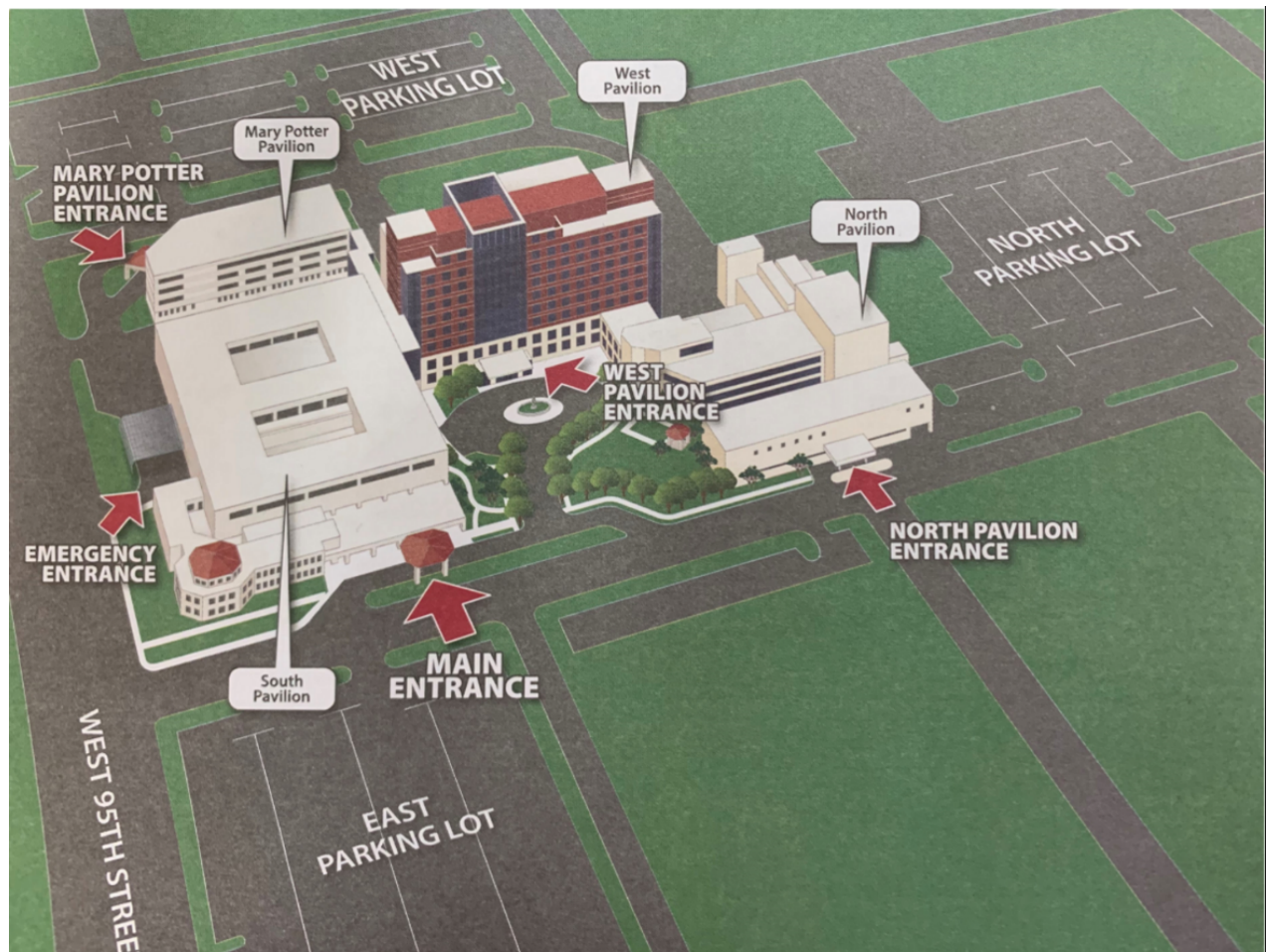
"With the greatest care and love" were some of the last words spoken to our Sisters by our Foundress, Mother M. Frances Krasse. This is the "golden thread" in the OSF story, linking us with the founding spirit, current service and vision for the future. What more do people long for in our world than to be treated with the greatest care and love?

Life is entrusted to each of us as a gift from God. As Mission Partners, we care for people in a range of settings across a continuum of care. OSF is a community because we need each other to meet human needs in a complex health care setting. We are called to foster a culture of caring in an environment of mutual respect. We are called to care for the whole person: body, mind and soul. We are called to be good stewards of the resources entrusted to us. Each of us is entrusted with this Mission to serve in the spirit of Christ and to make Christ's merciful love visible by serving with the greatest care and love.



OSF<sup>®</sup> HEALTHCARE





## EMERGENCY CODES

<b>Medical Alert</b>	<b>Adult Code Team</b>
<b>Facility Alert</b>	<b>Fire</b>
<b>Facility Alert</b>	<b>Hazardous Material Spill</b>
<b>Security Alert</b>	<b>Missing Infant/Child</b>
<b>Security Alert</b>	<b>Active Shooter</b>
<b>ALL CLEAR</b>	<b>Code or alert cancelled</b>
<b>“PLAIN LANGUAGE – CLEAR TEXT”</b>	<b>Script Specific announcements</b>