

**COPLEY MEMORIAL HOSPITAL**

**Items to be submitted with Request for Medical Student Rotation Checklist  
(Contract Schools)**

1. All requested documents must be completed and received 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 receipt of TB for current year
  - Copy of current year receipt of Influenza Vaccine for October – March rotation requests
  - Letter of Good Standing from student’s academic institution to include:
    - Student’s start date in training program
    - Student’s anticipated graduation date
    - Approval for Clerkship Rotation
    - Declaration the student is held in good standing at the training program
    - Maintenance of current TB information and immunization records
  - DOB, Middle Initial and last four (4) digits 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.
  
4. Dress Code:
  - 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.

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| <p style="text-align: center;"><b>Attention Student Coordinator:</b><br/>Send completed clerkship items to:<br/>Angela Fredricks, Family Medicine Residency Program<br/>Rush Copley Medical Center<br/>2020 Ogden Avenue Ste 325, Aurora IL 60504<br/>Phone: 630-375-2814 Fax: 630-375-2812<br/>Email: <a href="mailto:Angela.Fredricks@rush.edu">Angela.Fredricks@rush.edu</a></p> |
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