

Visting Student Application

Student Requirements:

- **3rd or 4th Year Medical Student, Physician Assistant Student or Nurse Practitioner Student**
- **Student must provide a health assessment and PPD within the past 6 months**
- **Student must provide an up to date immunization record**

First Name:

Last Name:

Address Line 1:

Contact Number:

Address Line 2:

E-mail Address:

City:

State:

Zip:

Student status:

Other:

Medical School:

Coordinator Name:

Address Line 1:

Contact Number:

Address Line 2:

City:

State:

Zip:

Expected Graduation Date:

1st Choice Rotation Requested:

2nd Choice Rotation Requested:

Requested starting date of rotation:

Requested ending date of rotation:

Alternative starting date of rotation:

Alternative ending date of rotation:

Yes No

Are you requesting Samaritan provided housing?

Additional Mandatory Required Documentation from Medical School:

- *Letter of Good Standing*
- *Curriculum of rotation requested*
- *Active affiliation agreement with Samaritan Medical Center*
- *Provide copy of active malpractice/liability certificate of insurance – minimum 1M/3M*

Comments:

Signature

Date

Office Use Only

Date Received:

Rotation Approved / Denied

Malpractice Insurance Verification:

Reason:

Affiliation Verification:

Faculty Assigned:

Employee Health Records Sent:

Health Clearance Date:

Network Username:

Network one time password:

Meditech Username:

Meditech one time password:

Housing Needed: Y / N

Apt Assignment:

Mandatory Education Completion Date:

Notes: