

HURON VALLEY –SINAI HOSPITAL  
Office of Graduate Medical Education

REQUEST FOR MEDICAL STUDENT ROTATION

**PART I: TO BE COMPLETED BY APPLICANT**

**Applicant Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_  MS 3  MS4

**Home Phone #:** \_\_\_\_\_ **Cell or Pager #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**This address is good until:** \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_

**Medical School:** \_\_\_\_\_ **MTH/YR of graduation:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Rotation(s) being requested:**

(1) **Department:** \_\_\_\_\_ **Dates: FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

**Preceptor (if known):** \_\_\_\_\_

(2) **Department:** \_\_\_\_\_ **Dates: FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

**Preceptor (if known):** \_\_\_\_\_

(3) **Department:** \_\_\_\_\_ **Dates: FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

**Preceptor (if known):** \_\_\_\_\_

Date of Last TB Skin Test: \_\_\_/\_\_\_/\_\_\_ Results:  Negative  Positive\*

\*If TB skin test was positive, you will need to submit evidence that a chest x-ray has been performed and reviewed by a physician.

The following documents must be submitted to the Huron Valley-Sinai Hospital Office of Graduate Medical Education before your request for clinical rotation can be confirmed:

- Proof of malpractice Insurance
- Immunization record
- Proof of ACLS training
- Signed and completed confidentiality statement
- Parking ID request form

I hereby verify that the information and documents contained in this application are accurate, authentic and complete.

Signature of application: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: TO BE COMPLETED BY MEDICAL SCHOOL’S CLINICAL AFFAIRS OFFICE**

I verify that:

- (1) The above named medical student is a student in good standing and there have been no Liability, disciplinary or other problems with this applicant.
- (2) The above named medical student is covered by our clinical malpractice policy Through \_\_\_\_\_ (Insurance Company, for the limits of \_\_\_\_\_ And this policy is in effect until \_\_\_\_\_ (date).
- (3) The above named medical student has received training in Universal Precautions as well As Blood Borne Pathogens as required by State and Federal Law.
- (4) The above named medical student has received training in Advanced Cardiac Life Support

Name of Clinical Affairs Officer: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Clinical Affairs Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Part III: TO BE COMPLETED BY HVSH OFFICE OF GRADUATE MEDICAL EDUCATION**

Paperwork checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed with student on \_\_\_/\_\_\_/\_\_\_

Approved by : \_\_\_\_\_ Date: \_\_\_\_\_

**HURON VALLEY-SINAI HOSPITAL**  
Detroit Medical Center/Wayne State University

**REQUEST FOR MEDICAL STUDENT ROTATIONS**

**INSTRUCTIONS FOR APPLICANT**

**All applicants are to complete Part I and attach the following documents:**

- **Proof of Malpractice Insurance**
- **Immunization Record**
- **Proof of ACLS Training**
- **Signed and completed DMC Confidentiality Statement**
- **Parking ID request form**

**Please note that your request for a clinical rotation can NOT be confirmed until all of the above documents are received by the HVSH Office of Graduate Medical Education.**

**The office of Clinical Affairs at your medical school must complete Part II.**

**Once your completed request has been received by the Huron Valley-Sinai Hospital (HVSH) Office of Graduate Medical Education, you will receive written confirmation of your rotation.**

**If you have any questions regarding the application or our medical student rotations, please do not hesitate to contact either Dr. Jack Belen, Director of Medical Education or Suzanne Morkin, Residency Program Coordinator at (248) 937-5085 or [smorkin@dmc.org](mailto:smorkin@dmc.org).**

**We look forward to having you rotate at Huron Valley-Sinai Hospital and are confident that your rotation with us will be both educational and enjoyable.**

**Huron Valley-Sinai Hospital  
Office of Graduate Medical Education  
1 William Carls Drive  
Commerce, Michigan 48382  
(248) 937-5085**