

**DEPARTMENT OF GRADUATE MEDICAL EDUCATION
615 SOUTH NEW BALLAS ROAD ST. LOUIS, MO 63141**

THIS APPLICATION IS FOR ROTATION REQUEST AT: MERCY HOSPITAL ST. LOUIS
Sponsored by the Graduate Medical Education Residency Departments listed below
GME is unable to offer observerships or sponsor externships for
International Medical Graduates & Students.

(Please print & follow the directions carefully, incomplete forms will not be processed)
Please email application with all supporting documentation (Letter of Good Standing, Confidential Statement, Malpractice Insurance, Current PPD & FLU shot record).

- Visiting Medical Student Visiting Resident Visiting PA Visiting NP Visiting AA

PERSONAL DATA:			
Name:		Address:	
DOB:	Gender:	City/State/Zip:	
Social Security #:		Phone # (Best Contact):	
Email Address:		Emergency Contact (Name & phone #):	
Have you ever worked/ and/or Rotated at any Mercy Facility? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please indicate which Mercy Facility and Dates:			
Do you have other rotations requested or set up in the next 6 months at MERCY HOSPITAL ST. LOUIS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <u>If yes</u> , please indicate department and dates:			
EDUCATION:			
Undergrad University or College:			
Dates Attended:		Degree Awarded:	
Medical School:			
Date Entered:		Date Completed:	
Residency Training Hospital and Department:			
Current Level of Training:			
Missouri License #: _____ NPI#: _____ DEA#: _____			
Coordinator Name and Contact:			
ROTATION REQUESTED:	EXACT REQUESTED ROTATION DATES (XX/XX/XXXX-XX/XX/XXXX)	ROTATION REQUESTED:	EXACT REQUESTED ROTATION DATES (XX/XX/XXXX-XX/XX/XXXX)
OB/GYN		FAMILY MEDICINE Please Circle: Inpatient OR Outpatient	
CRITICAL CARE		INTERNAL MEDICINE Please Circle your Career Interest: Primary Care / Hospitalist / Fellowship	
EMERGENCY MEDICINE		OTHER: _____	



Corporate Responsibility and Confidentiality Statement for Visiting Residents and Students

Corporate Responsibility

I understand that Mercy has established a Corporate Responsibility Program to ensure ethical business practices and compliance with applicable laws and regulations. As a member of Mercy's workforce Visiting Student/Resident, I agree to comply with the organizations policies and procedures and code of Conduct. The Corporate Responsibility Hotline number is 314-364-3434

Confidentiality of Patient/Co-worker Information

It is Mercy's policy (and in most cases legal requirements) that all coworkers/Visiting Student/Resident, protect information regarding patients and other co-workers. No medical information, including the fact that person has been treated in a Mercy facility (or elsewhere), may be released except by authorized persons on a business need to know basis. Any information available to coworkers/Visiting Student/Resident about Mercy patients, including co workers who are patients, must be keep confidential and not discussed with others, including other co-workers, except as needed for medical treatment or to comply with legal processes or legal requirements.

Confidentiality of Company Information

I understand that Mercy's Confidentiality policy applies to information pertaining to Mercy operations activities and business affairs, including but not limited to charges, reimbursement rates and contracts. All Mercy information is be maintained in strictest confidence and is not to be discussed with anyone other than appropriate personnel, and may not be shared with others outside the workplace, during my employment, education rotation or post-employment education rotation. Any questions with respect to specific instances of release or discussion of confidential information should be directed to your immediate supervisor

System Security

I understand that with access to the MercyNet or other mercy computer systems, I am responsible to use the system only for work related functions for which I am directly responsible or requested to do by my superiors I may not share my system password with another person, leave the password in an unsecured place, nor sign on to the system for an unauthorized person's use I may only use the single valid system ID that has been assigned to me.

Visiting Student/Resident-Rotator

_____ Print Name

_____ Signature Date: _____

Medical School or Residency Program
Letter Head

Date:

Mercy Hospital
St. Louis, MO

To Whom It May Concern:

This Letter is to confirm that JOHN SMITH is in good standing and currently enrolled as a fourth year Student at Kansas University. This student has been approved to participate in a critical care elective rotation beginning November 1, 2013 at your medical facility.

Kansas University maintains medical professional liability coverage for all students collectively while performing duties under the scope of this and other agreements in the minimum amount of 1,000,000 per occurrence and 3,000,000 in the aggregate.

If additional information is needed, please feel free to contact me at: _____

Sincerely,

Dean Information