



**Application for Clinical Rotation
Medical Students**

Instructions: Complete the following application and submit the first **TWO** pages and the Confidentiality Agreement for Rotation Approval. If you have any questions, contact Kathleen Smith at Kathleen.Smith@hcahealthcare.com.

A. Personal Identification
Last Name, First Name:
Mailing Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:
Birth date (MM/DD/YYYY):
Birthplace (City, State, Country):
Phone Number:
Email Address:
Emergency Contact (name and phone):

B. Medical/Professional Education
Undergraduate School:
Degree/Date Graduated:
Medical School:
Degree/Date Graduated or Expected:
Previous Rotation Services:
COMLEX SCORE 1: COMLEX SCORE 2:

1st Choice Rotation: (Please Circle or Highlight)

Anesthesia (MS-IV) Cardiology(MS-IV) Dermatology Family Medicine Rheumatology
Internal Medicine General Surgery Pulmonology Psychiatry Nephrology Neurology
Orthopedics GI ICU (MS-IV) Infectious Disease Urology Hematology/Oncology (MS-IV)

2nd Choice Rotation: _____

Dates Desired:

First Choice (MM/DD/YYYY) From: _____ **To:** _____

Second Choice (MM/DD/YYYY) From: _____ **To:** _____

Health Insurance coverage provided by: _____

Malpractice Insurance:

Malpractice Insurance is required. It is the responsibility of the visiting student to obtain a policy if not covered by the home institution (Largo Medical Center does not provide this for visiting students). A copy of the student's malpractice insurance certificate is required for the student to begin the rotation. The insurance certificate must cover the student for activities undertaken during the rotation at Largo Medical Center providing a minimum coverage of \$1 million per incident and \$3 million aggregate.

Immunization Record:

Immunization Records are required as well as an updated PPD. A copy of the student's immunization record is required for the student to begin the rotation.

Confidentiality Agreement:

A signed copy of the Largo Medical Center Confidentiality Agreement must be attached to this application.

Once you have been accepted to the rotation, the following items are required for you to begin your visiting rotation. All documents **MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE BEGINNING OF THE ROTATION.**

- 1) Your Curriculum Vitae
- 2) Letter from your Dean or Associate Dean for Clinical Affairs approving rotation
- 3) Blank School Evaluation Form

- 4) Copy of your personal health insurance card
- 5) Recent photo
- 6) Copy of immunization records
- 7) Proof of Flu Vaccine (November-March only)
- 8) Copy of malpractice insurance provided by your school
- 9) Confirmation of Background Check/ Drug Screen Panel

Please submit the completed application to:

Largo Medical Center Department of Medical Education

Attn: Medical Student Coordinator

201 14th Street S.W.

Largo, FL 33770

Phone: (727) 588-5704

Fax: (727) 585-7205

Email: Kathleen.Smith@hcahealthcare.com