



Cover Sheet for Medical Staff Clinical Rotations

This form is designed to assist in expediting the clinical placement of medical staff, clinical rotation students. In accordance with Bon Secours Charity Health System’s policies, we are asking that the faculty/student submits all requested documentation in one complete packet.

Name of Student: _____ Date: _____

Name of Student: _____ Date: _____

Preceptor/Department: _____ Rotation Start Date: _____

School/Educational Institution: _____

School Contact/Coordinator: _____ Email: _____

Last four digits Social Security Number: _____ Sizing for scrubs (unisex) top: _____ bottom: _____

I have reviewed the following information:

Code of Conduct _____ Catholic and Religious Directives _____ Orientation Verification Attestation _____
Initials Initials Initials

I have attached the following documentation:

- Request for Observations, Internship or Clinical Rotation Privileges Form
- Confidentiality Agreement
- Health Assessment
- EMR / IT Security Access Form
- PPD Results (within one year) If PPD positive, a chest x-ray report must be included within the past 2 years.
- Rubella Titre
- Rubeola (Measles) Titre, if born after 1/1/1957
- Flu Vaccine for current season.

Submit this Cover Sheet with ALL required paperwork via Email or Fax

A representative from Bon Secours Charity Health System will contact the student for an in-person meeting prior to start of their rotation. EMR (ConnectCare) training will also be required.

Submit all forms to:

Good Samaritan Hospital
Joyce Donohue, Medical Student Education Coordinator
BSCHS_MedStaffStudent@bshsi.org
845.368.5585 (office) 845.368-5938 (fax)