



Application for Enrollment
Medical Students and Intern/Residency Rotations

Instructions:

Complete this form in its entirety.

- 1. Have a representative of your school or residency complete page 2 of this form.
2. Mail the completed form to:

Northside Hospital
Department of Medical Education
Attn: Jaymie West, Coordinator
6000 49th Street North
St. Petersburg, FL 33709
Phone: (727) 521-5057 FAX: (727) 521-5022
E-Mail: Jaymie.West@hcahealthcare.com

Name: Last First M.I.

SSN: Date of Birth:

Current Address: Phone: Cell Phone: FAX:

Sex: Male Female Any Physical Disability Needs? City St. Zip Code

Health Insurance coverage is provided by:

Northside Hospital does not provide health liability, or malpractice insurance for visiting students or residents ("students"). Students must provide their own health insurance and be responsible for their healthcare.

Malpractice Insurance is required. It is the responsibility of the visiting student to obtain a policy if not covered by the home institution. A copy of student's malpractice insurance certificate is to be attached to this application.

Immunization Record is required. A copy of student's immunization record is to be attached to this application.

NAME OF CURRENT EDUCATIONAL PROGRAM

(Medical students must be from Osteopathic Medical Schools)

Medical School No. yrs.

Residency No. yrs.

ROTATION DESIRED:

- Anesthesiology Cardiology Dermatology Family Medicine Gastroenterology General Surgery Geriatrics
Infectious Diseases Internal Medicine Nephrology Neurology Orthopedics /Sports Medicine ICU/Pulmonary Medicine
Radiology Rheumatology Urology Other:

PERIOD DESIRED:

First Choice (month/day/year) From: To:
Second Choice (month/day/year) From: To:

Do you have a Preceptor? Yes No If yes, Preceptor name:

Student Signature

Date:

Malpractice Insurance is required. A copy of malpractice insurance certificate covering student/intern/resident for activities undertaken during the rotation at Northside Hospital. **Please attach to this application.**

Immunization Record: A copy of the immunization record for student/intern/resident **must be attached to this application.**

Letter of Good Standing: Your school must provide a letter of good standing for you to rotate at our institution. This letter should include whether or not a criminal background check has been done.

NORTHSIDE HOSPITAL Visiting Medical Student/Intern/Resident Rotations Checklist

The attached packet contains all the documents you will need to make application for a rotation at Northside Hospital. Please make sure you have filled out all these required forms legibly and that they are signed and dated. Thank you.

CHECK LIST ITEMS

- Application for Medical Student/Intern/Resident Rotation
Form filled out completely, signed and dated
- Approval from Dean of Medical School/ University
- Immunization Record attached
- PPD record attached
- Certificate of malpractice insurance attached
- Background Check is due 30 days prior to starting a rotation (or include in Deans letter)

Please send all forms to:

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