

Southern Ohio Medical Center

Very Good things are happening here

Please print legibly and complete all sections. Send to:

Department of Medical Education
1735 27th Street
Waller Building, B-04
Portsmouth, OH 45662
Fax: 740-356-7893

MEDICAL STUDENT

PERSONAL INFORMATION

First Name:	Social Security #:
Last Name:	Date of Birth:
Address:	Name of Undergraduate School:
	Year of Graduation:
	Name of Medical School:
	Year of Graduation:
Telephone #:	E-mail Address:
Have you ever been employed at SOMC? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ROTATION REQUEST (one per form)

Rotation:	
Beginning:	
Ending:	
Please indicate alternate dates and/or rotations in case requested rotation is not available. Check NONE if you will not accept alternatives.	
Alternative Rotation(s):	<input type="checkbox"/> None
Alternative Dates:	<input type="checkbox"/> None

HOUSING FURNISHED BY SOUTHERN OHIO MEDICAL CENTER

<input type="checkbox"/> Not necessary	<input type="checkbox"/> Requested but not required	<input type="checkbox"/> Required for rotation
Student signature:		Date:

TO BE COMPLETED BY SCHOOL/COLLEGE OFFICIAL

The student above is in good standing and is approved to take this rotation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malpractice coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate will be provided by the college.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student's immunization status is current as recommended by the Center for Disease Control.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student has received annual training in OSHA standards and HIPAA regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Official Printed Name:		
Title:		
Signature:		Date:
Affix School Seal		

Please submit the following documentation with application:

Letter of Good Standing/ Certificate of malpractice coverage
Student immunization record and Updated TB /Copy of current ACLS Card
Copy of State and Federal Background Check/ 10 panel Urine Drug Screen

BELOW – SOUTHERN OHIO MEDICAL CENTER USE ONLY

Preceptor:	
Housing:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Signature SOMC Official:	