

MEDICAL CLERKSHIP ROTATION FORM (Medical, NP, PA and Pharmacy Students)

I. DEMOGRAPHICS – Please Print Clearly

Full Name of Student:	Social Security Number:
Date of Birth:	Phone number:
Email Address:	Emergency Contact Name / Relationship / Phone#:
Permanent Address:	Rotation Site (Check one) <ul style="list-style-type: none"> ▪ Boise, ID ▪ Nampa, ID ▪ Ontario, OR ▪ Baker City, OR
Professional Degree Enrolled In:	Anticipated Graduation Date:
Name of Professional School:	

II. GRADUATE STUDENT SCOPE OF PRACTICE

I hereby certify that I agree to perform the following duties only under the direct supervision of a supervising provider (MD/DO, NP, PA) currently on the medical staff at a Saint Alphonus Health System (SAHS) facility:

SCOPE OF ACTIVITIES:

- Participate in and be responsible for the direct care of patients under the direct supervision of the Supervising Provider;
- Perform and discuss the History and Physical under the direct supervision of the Supervising Provider;
- Create orders, including medication, admit and discharge orders, in the electronic medical record, under the direct supervision of the Supervising Provider with countersignature prior to implementation;
- Write progress notes co-signed by the Supervising Physician;
- Dictate discharge summary countersigned by the Attending Physician;
- At the discretion and determination of the Attending Physician, assist in OR /bedside procedures. Orientation will be provided which include time in the OR.

III. ACKNOWLEDGEMENT

I hereby agree to observe and abide by the terms of the Educational Affiliation Agreement, bylaws, policies and procedures, and rules and regulations of Saint Alphonus Regional Health System and Medical Staff.

Dates of Rotation:	Please Print - Supervising Provider Name / Department:
Student Signature / Date:	Supervising Provider's Signature - required / Date:

PRIOR TO YOUR ROTATION: You will be required to complete an orientation before you begin your rotation. Please contact the Graduate Medical Education Office at the location of your clinical rotation (Boise, Nampa, Ontario or Baker City).