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
Office: 740-356-8841
Fax: 740-356-7893
Email: HouckJ@somc.org

Nurse Practitioner & Physician Assistant Students

PERSONAL INFORMATION	
First Name:	Social Security #:
Last Name:	Date of Birth:
Address:	Name of Undergraduate School:
City, State, Zip:	Year of Graduation:
Telephone #:	Name of Graduate School:
E-mail Address:	Year of Graduation:
Have you ever been employed at SOMC? ❑ Yes ❑ No	Currently employed at SOMC? ❑ Yes ❑ No
IF APPLICABLE	
RN License #:	APRN License #:
NPI #:	DEA# :

ROTATION REQUEST (one per form)		
Rotation:		
Start Date:		
End Date:		
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):		❑ None
Alternative Dates:		❑ None

TO BE COMPLETED BY SCHOOL/COLLEGE OFFICIAL		
The student above is in good standing and is approved to take this rotation.	❑ Yes	❑ No
Malpractice coverage in the amount of $1,000,000 per occurrence and $3,000,000 annual aggregate will be provided by the college.	❑ Yes	❑ No
The student's immunization status is current as recommended by the Center for Disease Control.	❑ Yes	❑ No
The student has received annual training in OSHA standards and HIPAA regulations.	❑ Yes	❑ No
School Official Printed Name:		
Title:		
Signature:	Date:	

Please submit the following documentation to Medical Education:
(all documents must be on submitted prior to start date and be dated within 1 year of rotation):
Letter of Good Standing/ Certificate of Malpractice Coverage/ Student Immunization Record/ TB Test/ Flu
State and Federal Background Check/10 Panel Drug Screen

TO BE COMPLETED BY PRECEPTOR			
Preceptor Name (printed):			
Signature Preceptor:		Date:	
Rotation:	❑ Approved	❑ Not Approved	

BELOW – SOUTHERN OHIO MEDICAL CENTER USE ONLY		
Rotation:	❑ Scheduled	❑ Not Scheduled
Signature SOMC Official:		