

Dear Applicant,

This application is for students rotating in a physician's private office but wanting to accompany that physician into a Carilion facility. Allowing students to work with patients in Carilion facilities raises many legal issues. This application process insures compliance with those legal issues. **All arrangements must be coordinated with Carilion's Visiting Student Affairs Office** as described here and on the application even if your school or a Carilion staff member consented to the visit.

This cover letter contains information you must know in order for your application to be processed. Success depends largely on how carefully you read and follow the directions, including those regarding **deadlines**.

We do not accept faxed or scanned applications, applications students mail directly to us or those missing information or documentation, nor applications arriving fewer than 45 days prior to arrival.

Deadlines

Your completed application packet must be received in Visiting Student Affairs 45 days before the start date—no exceptions.

Prerequisites for applying

1. You must be a third- or fourth-year student at the time of rotation.
2. You must be fluent in written and spoken English.
3. Your school must list us as an affiliated teaching site. If we are not affiliated, you may accompany your preceptor into the hospital to observe only for no more than 3 days. If this is your situation, you must complete the Shadow/Observation application on our web page instead of this one. Check with your school first to find out if we are an affiliated teaching site for your school.
4. Your preceptor must sign a Preceptor Agreement to request permission to bring you into our facilities.

Process

Carefully follow directions in completing Section I of the application. Attach all documentation listed and mail to the address on the application so it arrives at least 45 days prior to the anticipated start date. Only completed applications are reviewed and forwarded to preceptors for approval. Visiting Student Affairs will email the Preceptor Agreement to the preceptor (described in 4 above) and request email approval for the rotation. Once the preceptor emails approval and returns the completed Agreement, we will email you with an invitation to come along with information about Check-in, which you must attend prior to accompanying your preceptor into Carilion. You will have 5 days to accept or decline. If you accept, we will email confirmation and copy your preceptor.

Please complete the application on-line and then print it for checklists and signatures. If necessary, print it and complete it by hand. Also print and retain this cover letter for future reference.

If you have any questions about the application process, please email me.

Visiting Student Affairs
CRMH, 1 South
PO Box 13367
Roanoke, VA 24033-3367
Physical Address: 1906 Belleview Avenue, SE, Roanoke, VA 24014
VisitingStudentAffairs@CarilionClinic.org



APPLICATION
PRIVATE PRECEPTOR ROTATION

Section I. To be completed by Student This application and all documentation must be received by Carilion’s Visiting Student Affairs Office **at least 45 days prior** to the anticipated start date (no exceptions). Complete on-line or PRINT LEGIBLY.

Name _____ M F _____
First Middle Last Official School Email Address Mobile Number

Address _____
Street, City, State, Zip Code Last 4 digits of SSN MMDD of DOB Home Phone

CITIZENSHIP/VISA STATUS Check One (Not Optional) **Emergency Contact** _____
 Native-Born US Citizen F1 Student Relationship _____
 Naturalized US Citizen B1, B2 Temporary Visa Phone Numbers _____
 Permanent Resident J1, J2 Exchange Visitor

**ATTACH
PASSPORT-TYPE
PHOTO HERE
(optional for
medical students
from affiliated
schools
who previously
completed a rotation
at Carilion)**

Medical School and Location (City, State, Zip Code) _____

Clinical Office Contact _____ Phone _____ Email _____

Preceptor’s Name _____ **Phone** _____ **Email** _____

Practice Name and Location _____ Office Contact _____ Phone _____ Email _____

Rotation Dates (M-F only, not exceeding 4 wks, and at least 45 days after signing of affiliation agreement) _____ - _____
Start Date End Date

I UNDERSTAND THE FOLLOWING.

- Before accompanying my preceptor into Carilion, I must attend the scheduled Check-in with Visiting Student Affairs.
- Whenever I am at Carilion, I must be in the company of my preceptor.
- Arrangements must be coordinated through Carilion’s Visiting Medical Student Office.
- Applications and paperwork must be on file at Visiting Medical Student Office at least 45 days prior to the rotation date for the application to be processed.
- Applications missing documentation or information will not be processed.
- Visiting Medical Student Office will notify me and my preceptor upon approval, and I should not make plans to come beforehand.
- Housing is not available.
- Carilion Clinic has policies for a smoke-free and drug-free workplace and environment.

I have enclosed these documents (Optional for UVA and VCOM medical students):

- Letter of Good Standing on Official School Letterhead
- Proof of Health Care Coverage (photocopy both sides of health insurance card)
- Carilion’s Immunization Record
- Copy of Social Security Card (front and back)

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____ Print Your Name _____

Mail originals, **DO NOT FAX**, to **Visiting Student Affairs, CRMH, PO Box 13367, Roanoke, VA 24033-3367**
VisitingStudentAffairs@CarilionClinic.org