

## STUDENT or RESIDENT ROTATION APPLICATION FOR ALL CENTRACARE SITES

**STEP 1: APPLICANT, PLEASE COMPLETE AND TYPE ALL RESPONSES DIRECTLY ON THIS FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

First M Last Previous First Previous Last

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S.A. Citizen: ☐ Yes ☐ No

Applicant's Phone #: \_\_\_\_\_ Applicant's preferred e-mail address \_\_\_\_\_

Local emergency contact: \_\_\_\_\_

Name Phone # Relationship to Applicant

School Name: \_\_\_\_\_ School/Program Location (City/State): \_\_\_\_\_

Year in school for this rotation: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> Expected date of graduation: \_\_\_\_\_

Program Contact Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone # \_\_\_\_\_

Current Program: ☐ Fellow ☐ Resident ☐ MD ☐ DO ☐ DPM ☐ PA ☐ CRNA ☐ GC ☐ CNM ☐ CNS ☐ DNP ☐ NP ☐ FNP ☐ ANP ☐ GNP ☐ PMHNP ☐ PNP ☐ NNP (Only PNP & NNP students may apply for a Peds or Neonatology rotation)

**Other**

### What type of experience are you seeking?

- ☐ I am seeking a **rotation with a physician/APP**. Complete this application form. A provider will be found for you if available.
- ☐ I am in need of a **leadership/administrative/education experience**. Do not complete this application form. Contact Lora Gullette at [gullettel@centracare.com](mailto:gullettel@centracare.com)."
- ☐ I am in need of a **DNP/FNP Scholarly (research) project**. Complete this application form **and** notify Jen Burris at [burrisj@centracare.com](mailto:burrisj@centracare.com) as soon as possible/prior to initiating the project. All DNP projects require Nursing Research Review Board (NRRB) approval.  
Name of preceptor/mentor \_\_\_\_\_ Location: \_\_\_\_\_
- ☐ If current resident, list residency program: \_\_\_\_\_ Is the program GME Certified: ☐ Yes ☐ No
- ☐ I am seeking a **rotation with the FM Residency Program**. Complete this application form. A provider will be found for you if available.

**USMLE/COMLEX Information (Include information on all attempts):**

Step 1: Total # of Attempts: \_\_\_\_\_ Result of most recent attempt: ☐ Pass ☐ Fail

Step 2 CK/CE: Total # of Attempts: \_\_\_\_\_ Result of most recent attempt: ☐ Pass ☐ Fail ☐ Not Attempted Yet

**Desired Experiences:**

- ☐ 2-Week Inpatient FM
- ☐ 2-Week Outpatient FM
- ☐ 2-Week Inpatient & Outpatient
- ☐ 4-Week Inpatient & Outpatient

Do you need housing while you are here? ☐ Yes ☐ No

Did someone recommend our clerkship rotation? Referral name: \_\_\_\_\_

How did you hear about our FM Residency Program?

Do you have an interest in applying here for our FM Residency Program? ☐ Yes ☐ No

If completing application specifically for FMRP, please email the entire completed packet/requirement to [Ashley.Davis@centracare.com](mailto:Ashley.Davis@centracare.com). The Residency Support Office will notify you within 1-3 weeks if your request has been approved.

☐ Yes ☐ No Any misdemeanor or felony convictions in the U.S.?

If yes, explain: \_\_\_\_\_

**Previous Educational Experience:**

High School (name/city/state): \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Undergraduate (name/city/state): \_\_\_\_\_

Residents, list Medical School(s):

Previous Health Care Experience & Location:

MN Medical License #	Expiration Date

### Dates of Desired Rotation

1<sup>st</sup> choice Exact Start Date: \_\_\_\_\_ Exact End Date: \_\_\_\_\_ Total Number of REQUIRED Hours: \_\_\_\_\_

2<sup>nd</sup> choice Exact Start Date:                      Exact End Date:                      Total Number of REQUIRED Hours:

3<sup>rd</sup> choice Exact Start Date:                      Exact End Date:                      Total Number of REQUIRED Hours:

**Desired Rotation – One Rotation Per APP Student (Non-Employee)**

- ☐ Anesthesia  
☐ Cardiovascular: ☐ General ☐ CV Surgery ☐ Electrophysiology  
☐ Dermatology  
☐ Emergency Med (St. Cloud) ☐ Rural ER ☐ Urgency Center  
☐ Fam Med: ☐ Outpatient Peds & Adult ☐ Outpatient Adult only  
☐ Genetics (CentraCare only)  
☐ Hospitalist (Inpatient only): ☐ Adult ☐ Peds  
☐ ICU/Critical Care  
☐ Internal Medicine:  
☐ Nephrology  
☐ Neurology  
☐ Neurosurgery (CentraCare only)  
☐ OB/GYN only  
☐ FM with \_\_\_\_\_(min number) of OB patients

- ☐ Oncology  
☐ Orthopedics  
☐ Palliative Care  
☐ Peds Outpatient (**MD/DO/PNP students only**): ☐ NICU  
☐ FM with \_\_\_\_\_(min number) of Peds patients  
☐ Psychiatry Adult: ☐ Inpt ☐ Outpt  
☐ Psychiatry Peds: ☐ Inpt ☐ Outpt (CentraCare only)  
☐ Psychology: ☐ Adult ☐ Peds  
☐ Pulmonology (CentraCare only)  
☐ Radiology  
☐ Surgery  
☐ Urology  
☐ Other \_\_\_\_\_

Preceptor may be (check all that apply): ☐ MD ☐ DO ☐ MBBS ☐ DPM ☐ PA ☐ CRNA ☐ CGC ☐ CNM ☐ CNS ☐ DNP/NP

How many preceptors does your program allow per rotation? (Limit of one preceptor may decrease chance of getting a rotation.)

How many days a week and which days a week can the student be here for this rotation? \_\_\_\_\_

Is the student able to work evening shifts (depending on the preceptor's schedule)? ☐ Yes ☐ No

Some preceptors work 9-12 hour shifts. Will these long hours work for the student? ☐ Yes ☐ No

**Additional Information – must answer all questions. If unknown, please state “unknown”:**

Student's current occupation and employer: \_\_\_\_\_

I am a current CentraCare employee at location: \_\_\_\_\_

Previous CentraCare Experience: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Employee/Person # \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What are your objectives for requesting a rotation with CentraCare? \_\_\_\_\_

Do you have any specific interests while you are here for your rotation? (Clinic / inpatient / other): \_\_\_\_\_

What interest do you have in CentraCare? \_\_\_\_\_

Do you have family living/working in the area? ☐ Yes ☐ No If yes, please elaborate (how related, their location): \_\_\_\_\_

Does significant other currently work for CentraCare? ☐ Yes ☐ No (If yes, CentraCare location: \_\_\_\_\_)

Indicate specialty or area of interest you plan to work in upon graduation: \_\_\_\_\_

What rotations have you already completed and where? \_\_\_\_\_

Have you had training and/or experience with gowning, gloving, sterile field? ☐ Yes ☐ No

MD/DO - Do you have an interest in applying here for our Family Medicine residency program? ☐ Yes ☐ No

Once out of medical school and residency, what kind of practice do you envision having? \_\_\_\_\_

Have you had experience with Epic EMR system? ☐ Yes ☐ No If yes, when did you last use Epic? \_\_\_\_\_ month/yr.

a. Which applications or in what work environment did you use Epic?

- ☐ Clinic ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ ER ☐ Surgery

b. What key functions did you perform in Epic system?

- ☐ Order Entry ☐ Phases of Care ☐ Update Patient Problem List ☐ Update Patient Med List ☐ Chart Review ☐ Storyboard  
☐ Use Inbasket ☐ Use SmartTools to Document ☐ Patient List ☐ Navigators ☐ My Schedule ☐ Trackboard

**I, THE STUDENT/RESIDENT, UNDERSTAND THE FOLLOWING:**

- ❖ Objectives must be consistent with the CentraCare mission and values.
- ❖ All communication regarding possible rotations/questions must be between the “school coordinator/representative” and CentraCare Medical Staff Office. Solicitation of providers is prohibited.
- ❖ An Affiliation Agreement must be signed and current between the school/program and CentraCare.
- ❖ All forms/requirements must be submitted at the same time. Applications with missing documentation will not be considered.
- ❖ Submission of application and required documentation does not guarantee approval of the rotation. CentraCare will notify the program representative if the requested rotation has been approved or if they are unable to accommodate a rotation.
- ❖ Rotation requests from APP applicants who are not currently employed by CentraCare will be considered starting 3 months prior to the requested start date. Only one rotation may be assigned per applicant due to the high demand for preceptors.
- ❖ This application is only for a CentraCare facility and does not pertain to a non-CentraCare site.
- ❖ I will report all clinical hours for this rotation to my school and it will match what I report to CentraCare.
- ❖ I will maintain a daily log of preceptor hours and submit immediately as requested to CentraCare.
- ❖ If accepted for rotation, I will need to complete Epic training and online education/orientation modules.
- ❖ It is a requirement to wear the ID badge provided by CentraCare at all times during the rotation at CentraCare site(s). The ID badge must be returned to the Security Office or the site contact on the last day of the rotation. If after hours, the ID badge should be given to the preceptor.
- ❖ Cell phone use during the rotation period is prohibited.
- ❖ I must read and comply with the CentraCare Dress Code Policy.
- ❖ It is my responsibility to declare if pregnant during the rotation. Rotation/observation in certain areas may not be allowed if pregnant.
- ❖ In the event of an illness or injury while at a CentraCare site, emergency care will be provided in the Emergency Room associated with the CentraCare site at my full expense; or I may go to my personal physician at my full expense.
- ❖ The school/program must email [MedStudents@centracare.com](mailto:MedStudents@centracare.com) one month prior to start of rotation for cancellation. The cancellation will **not** open a spot for a different applicant from the same program.
- ❖ I allow CentraCare to share my application and all material provided by me or my school with all CentraCare entities.
- ❖ I am willing to accept rotation at any [CentraCare site](#) depending on preceptor availability.
- ❖ I understand that once a preceptor/schedule has been determined, no adjustments can be made. Students must be willing to work around the provider's schedule.

**STEP 2: APPLICANT SUBMISSION INSTRUCTIONS AND CHECKLIST**

Applicant, you must submit your signed application and the requirements outlined on page 4 following the application to your program representative. All communication regarding possible rotations or questions must be between the school and CentraCare.

\*Current CentraCare employees (not on LOA) are not required to supply immunization documentation (TB, MMR, Varicella, Hep B, Tdap), drug testing, and MN Criminal background as these items are on file at CentraCare. If the employee terms with CentraCare prior to the start of rotation, it is the student's responsibility to have all these requirements on file with the school and for the school to have them available upon request to CentraCare.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**STEP 3: PROGRAM REPRESENTATIVE SUBMISSION INSTRUCTIONS AND CHECKLIST**

Program representative, upon receipt of the applicant's documents, complete the program representative checklist below, and submit all materials in one pdf file to [MedStudents@centracare.com](mailto:MedStudents@centracare.com) on behalf of the applicant. All application materials must be received no later than 6 weeks prior to the start of a rotation. Applications with missing documentation will not be considered.

**If completing application specifically for Family Medicine Residency Program, please email the entire completed packet/requirements to [Ashley.Davis@centracare.com](mailto:Ashley.Davis@centracare.com).**

Please allow up to three weeks to receive a response pertaining to rotation availability. If a requested rotation is no longer needed, CentraCare must be notified immediately.

**PROGRAM REPRESENTATIVE SUBMISSION CHECKLIST:**

- ☐ Signatures on pages 3, 4, and 5.
- ☐ Copies of all required documentation listed on page 4.
- ☐ Rotation objectives that pertain to the specific requested rotation (1-2-page max)
- ☐ If APP program, review the Advanced Practice Provider School Prioritization for Student Clinical Rotations Guidelines on last page of application. Schools/students must be in compliance for rotation to be considered.

For **MD, DO, DPM residents**, provide a copy of the following:

- ☐ Confirmation of resident being in a GME accredited program
- ☐ Current **MN licensure** as a physician or resident or MN Medical Permit
- ☐ PLA (Program Letter of Agreement) signed by program & CentraCare
- ☐ Current **malpractice insurance** if not outlined in Educational Experience Agreement or PLA

**DOCUMENTATION TO SEND TO CENTRACARE**

**All required documentation listed below must be submitted electronically to CentraCare along with the student application and signed Program Representative Attestation Form (next page).**

\*(Further details following the PROGRAM REPRESENTATIVE ATTESTATION FORM):

- ☐ 2-step TB skin test (TST/Mantoux).
- ☐ 2 documented MMR immunizations, or proof of immunity (titer).
- ☐ 2 documented chicken pox (varicella) immunizations, or proof of immunity (titer), or medical statement from healthcare provider of clinic visit when applicant was seen and diagnosed with Varicella or Zoster (shingles).
- ☐ 3 documented Hepatitis B vaccinations, or 2 documented Heplisav-B vaccinations, or proof of immunity (titer), or completed declination form (available upon request).
- ☐ Tdap vaccination after age 11.
- ☐ Covid – Evidence of current season Covid vaccination or completed declination form (see last page of application).
- ☐ Influenza – Evidence of current season influenza vaccination or completed declination form for rotations Oct 1-Mar 31 (see last page of application).
- ☐ Current registered nurse licensure in the State of Minnesota (for NP, CNS, CNM, & CRNA applicants).
- ☐ Current AHA Basic Life Support Healthcare Provider card (for PA, NP, CNS, CNM, and CRNA applicants). American Red Cross is not acceptable. Proof must be a copy of the actual BLS card.
- ☐ Minnesota Department of Human Services (DHS) NETStudy 2.0 Background Study. If report shows applicant is not in good standing or there is a change in validity, CentraCare must be notified immediately.
- ☐ Negative Urine Drug Screen (within the three months prior to the applicant's initial educational experience at CentraCare or admission to medical program. Tests will need to be repeated for applicants who leave school and return at a later date). This can be provided once preceptor has been secured/approved.

**\*\*Current CentraCare employees (not on LOA) are not required to supply immunization documentation (TB, MMR, Varicella, Hep B, Tdap), drug testing, and MN Criminal background as these items are on file at CentraCare. If the employee terms with CentraCare prior to the start of rotation, it is the student's responsibility to send all documentation requirements to CentraCare.**

**I have provided all above required documentation along with completed application:**

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**Student Signature**

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**Date**

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**Program Representative Signature**

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**Date**

9/18/2023

**PROGRAM REPRESENTATIVE ATTESTATION FORM FOR ALL STUDENTS  
AT CENTRACARE SITES ONLY**

**By signing this form, I (Program Representative), attest that...**

This program is accredited by an organization that is recognized by the Department of Education, the Centers for Medicare and Medicaid Services, or another national body that reviews the accrediting organizations for multiple disciplines.

If Resident, the Residency Program is GME Certified.

The "Advanced Practice Provider School Prioritization for Student Clinical Rotations Guidelines" has been reviewed (included on last page of this application).

If APRN program, applicant has had 2 years of RN experience prior to admittance to academic program (requirement for student rotation).

If PA program, applicant has had 2 years medical experience if less than 2000 clinical hours.

**Please select appropriate response:**

APP Program Details (*CentraCare will not be partnering with solely online programs or providing rotations to students who enroll in exclusively online programs. Must have on-campus component requirement.*)

- ☐ On Campus      ☐ Online + On Campus      ☐ Online only (rotation not allowed)  
☐ I participate in a physician/resident program

APRN student has current MN RN license and attach copy.

- ☐ Yes      ☐ No

Has this applicant completed other rotations at CentraCare?

- ☐ Yes      ☐ No

Student's program is from a Minnesota MERC grant sponsoring institution. (Please see next page for additional information.)

- ☐ Yes      ☐ No

I attest that all information submitted is true and correct and understand that if the above requirements are not met/maintained, CentraCare shall have the right to deny the rotation request and/or require the School/Program to remove any student/resident from the educational experience at CentraCare. Such a decision to request removal of a student/resident or faculty from the educational experience is in the sole discretion of CentraCare and shall not be subject to consideration or reconsideration by any other person or entity.

I understand that if the student will be at a non-CentraCare site I will need to work directly with that site as well.

**Name of Applicant:** \_\_\_\_\_ **Date enrolled in this program:** \_\_\_\_\_

**Program Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Representative Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**ADDITIONAL ATTESTATION FORM INFORMATION**

1. A State of Minnesota Department of Human Services (DHS) NETStudy 2.0 Background Study result is required. It is the responsibility of the School to request the background study on behalf of the applicant. No other background studies will be accepted, such as CertifiedBackgrounds, QualifiedFirst, etc. Final background study results could take 1-3 weeks to receive back from the DHS.

**Minnesota Department of Human Services**

P.O. Box 64172 Saint Paul, Minnesota, 55164-0172

O: 651-431-6625; F: 651-431-7694; E: [dhs.netstudy2@state.mn.us](mailto:dhs.netstudy2@state.mn.us);

<https://mn.gov/dhs/>

2. Urine Testing:
  - Urine drug screen must include: Amphetamines, Cocaine, Phencyclidine, Opiates, Barbiturates, and Benzodiazepines.
  - If not yet completed for current program, the applicant should wait to complete the Urine testing until after rotation availability is determined, as rotations are not guaranteed.
  - CentraCare will not issue the drug screen, nor are we able to provide orders for this screen.
  - Urine drug screen may be conducted at the Midwest Occupational Medicine (320) 251-9675, Workmed Midwest ([www.workmedmidwest.com](http://www.workmedmidwest.com)), or Mid-Minnesota Drug Testing, Inc. (320) 230-8378.
  - The applicant may also contact any occupational health clinic that runs the above required urine testing from a urine drug screen. Applicants are responsible for ensuring that the clinic/lab they work with conducts the correct test.
  - Results will not be accepted if the test was conducted greater than 3 months prior to enrollment in the program.
3. Two-step Tuberculin Skin Test (TST/TB)/Mantoux:
  - Prior to participating in the Educational Experience, the applicant must complete a two-step baseline TST.
  - The first step must be completed within 90 days of starting the educational program or observation experience per MN Department of Health. The 2nd TST should be within 21 days of the first. If a previous negative TST was done in the past 12 months, that can be considered the second TST. Each Mantoux must show negative result with dates administered and read.
  - A TB blood test (e.g. Quantiferon-TB Gold, (IGRA, T-SPOT) may be utilized in place of TST if completed within 90 days of rotation.
  - Following the two step TST/TB/Mantoux test, yearly testing is required.
  - If applicant has a positive Mantoux history, a negative chest x-ray can be accepted, along with a completed TB Symptom Form (provided by CentraCare upon request).
  - If student has completed a two-step Mantoux in the past and repeated a single step annually, this will be acceptable. Proof of the initial two-step and annual single-step tests must be submitted.
4. MMR and Varicella:
  - If the applicant does not have evidence of 2 MMR and 2 Varicella immunizations, a positive titer will need to be provided.
  - If the applicant has a negative titer, completion of the immunization series is required. Please note, there is a 28-day waiting period between the first vaccine and the second vaccine. If both MMR and Varicella vaccines need to be completed, they must be done at the same time to avoid further delay.
5. Evidence of 3 Hepatitis B vaccinations, 2 documented Heplisav-B vaccinations, a positive titer, or completion of the declination form (provided by CentraCare) is required. If student has not been vaccinated and student chooses to obtain the vaccine series in lieu of the declination form or titer, please note this is a 5-6 month process.
6. Evidence of receiving Pertussis (Tdap) vaccination after age 11 is required. (This is not tetanus/Td.)
7. Evidence of current season Covid vaccination or completed declination form must be submitted.
8. Evidence of current season influenza vaccination or completed declination form must be submitted.
9. **Minnesota MERC grant sponsoring institutions:** Students attending MERC sponsoring institutions are required to accurately log each day of their rotation by recording the date, time, location, and name of the preceptor on the time card that is provided within their clearance email. Completed time cards are required to be provided to the [MedStudents@centracare.com](mailto:MedStudents@centracare.com) within 1 week of the last date of the student's experience. If the student is at more than one location in a day or with more than one preceptor, each location and/or preceptor must be recorded separately. **All MN schools are encouraged to participate in the Medical Education and Research Cost (MERC) Grant for Sponsoring Institutions and Teaching Programs.** <https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html>

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## Advanced Practice Provider School Prioritization for Student Clinical Rotations Guidelines

CentraCare is committed to developing a high-quality organization including a high-performance diverse clinical staff. Advanced Practice Providers (APP) are a rapidly growing segment of the health care workforce; training programs have proliferated and CentraCare has recognized a difference in the quality of the training of graduates from programs. Because of these differences, CentraCare will prioritize APP programs for providing clinical hours. The goal of prioritization is to ensure the success of APP students in their rotations and enhance recruitment of high-quality talent to our team. CentraCare employees seeking to further their education will be encouraged to consider CentraCare's prioritization when selecting an academic institution. Due to high demand, not all rotation requests will be filled; adherence to our prioritization listed below increases the opportunity for rotations requested.

All training programs will be evaluated and ranked by the following criteria:

- a. Accredited by professional organization - Requirement
  - a. Program must require or student will need to submit verification of two years of Registered Nurse experience prior to starting the APRN program
- b. PA Programs
  - a. Two years required medical experience if less than 2000 clinical hours
- c. On campus clinical/didactic component (hybrid)

Additional priority based on:

1. Current/past employees
2. Connection to MN and CentraCare service area
3. MERC participating programs

*\*CentraCare supports quality educational programs and is committed to the success of students rotating with our providers. Due to the volume of quality local programs, we have elected to focus our rotations on those programs with a campus component or hybrid format (online plus on-campus) and **will not be partnering with solely online programs or providing rotations to students who enroll in exclusively online programs.** (Note: this does not apply to employee students actively enrolled in online programs that start by April 1, 2019. However, this does apply to those now considering or enrolling in online-only programs that start after April 1, 2019.)*

*Traditional and hybrid programs are available for non-traditional students and working adults. CentraCare does consider our current and past employees as priority for student rotations.*

Current CentraCare employed certified APPs seeking additional certifications or advance degree, will not be required to adhere to the current guidelines so long as they have 2080 hours of APP experience.

8/22/2022

**Healthcare Worker COVID/Influenza Declination**

Print Name:

DOB:

PLEASE ANSWER ALL OF THE FOLLOWING  
QUESTIONS**2023-2024 Influenza Season**

Have you received the influenza vaccine this season (August 2023-March 2024)?

☐ YES - Please provide documentation.☐ NO - I am choosing to decline the influenza vaccine.**2023-2024 COVID Season**

Have you received the 2023-2024 COVID vaccine?

☐ YES - Please provide documentation.☐ NO - I am choosing to decline the COVID vaccine.

Signature:

Date:

9/18/2023