



**Banner Good Samaritan
Medical Center**

2012-2013 Internal Medicine Student Rotation Application

*Internal Medicine
1111 E. McDowell Rd., LL2
Phoenix, AZ 85006
602-839-2296*

*Clerkship Coordinator: Maria Ross
Program Director: Cheryl O'Malley, M.D.
Clerkship Director: Kerilyn Gwisdalla, M.D.
Preliminary Director: Brenda Shinar, M.D.*

Welcome Student~

Thank you for your recent inquiry regarding senior electives in the Department of Internal Medicine at Banner Good Samaritan Medical Center. Our Internal Medicine Program is an affiliated program with the University Of Arizona College Of Medicine and is fully integrated with the Carl T Hayden VA Medical Center.

We have included an elective application, necessary background/HIPPA forms and brief description of what is required from you for the application process. As an affiliated program, these electives are included in the University Of Arizona College Of Medicine Elective Manual which should be on file in your Dean's office. Electives offered include: Internal Medicine Sub-I, ICU, Nephrology, Pulmonary, Infectious Disease, Ambulatory Care, Geriatrics, and Medicine/Pediatrics. There are certain requirements for each rotation that will be explained when applying.

Thank you again for your interest in our program. Please feel free to contact our office regarding any questions or concerns.

*Sincerely,
Maria E. Ross
Clerkship Coordinator*

Dear Student or School Official,

It is with great pleasure that I begin my fourth year as Student Clerkship Director here at Good Samaritan. In the past few years we have seen an ever-increasing interest in medicine-specialty rotations as well as medicine sub-internships. We have met many excellent students, some of which, we are proud to say, have matched in our programs. From a personal standpoint it has been an enjoyable and gratifying part of my job to help supervise and educate medical students on the wards and clinics at Good Samaritan

Our first and foremost goal has been to provide exceptional education for participating rotators. Certainly, the most important way we accomplish this goal is through the dedicated Faculty, Staff and Residents here at Good Sam. In regards to logistics we have added/updated many of our rotations as well as the lecture series. Our plans to integrate web accessible schedules, contact information, evaluations, and course descriptions are well underway. So far the reviews of the changes have been overwhelmingly positive and I believe the rising demand for these rotations is indeed proof.

In order to assure the continued success of the Clerkship program, we feel some changes are necessary to insure quality education for all parties involved. These parties include the medical students as well as residents and fellows at Good Samaritan. The full list of requirements for each rotation will be available through the Office of Medical Education and soon on our website. Perhaps the most obvious addition to the requirements is that we now require two full months of general internal medicine on an inpatient basis in an organized teaching program for each and all offered rotations in the 4th year electives. We feel that without such basic training, the ability to master specialty and sub-I rotations is severely limited and unfortunately hinders the education of all aforementioned parties. We will review each application as it is submitted and reply with an acceptance or denial as soon as we are able in order for the student to make the necessary adjustments in their schedules. With the increased demand, we also recognize that even those students who meet the criteria may not be able to obtain their desired rotation. Again, we will try to notify the applicant as soon as possible.

We hope that you will understand the implementation of these new requirements. Please feel free to contact me with questions or concerns and again thank you for your interest in our program.

Sincerely,

Cheryl O'Malley, M.D.

KeriLyn Gwisdalla, M.D.

Brenda Shinar, M.D.

Application Process and Requirements for Medical Student Rotations Banner Good Samaritan Medical Center

REMINDER: Rotations start on a Monday and end on a Friday unless you are on an Inpatient/ICU rotation and will be required to stay through Sunday. All rotations run in **four-week** blocks. Rotations can not be decreased by days or weeks. Each student is allowed **TWO** four-week block rotations in Internal Medicine. Any missing application documents will result in rotation being denied. Rotation spots cannot be held without ALL paperwork. **Do Not schedule a sub-I or ICU rotation during interview season as extra time off will NOT be granted!**

ACCREDITED LCME & OSTEOPATHIC SCHOOLS:

Application packets must be COMPLETE and turned in 60 days in advance from the requested start date.

- **Student Status:** Applicants must be in their final year of medical school at the time of the scheduled elective. If your school does not have an affiliation agreement with our institution then you will need to apply through the University of Arizona for our rotations. You can find more information by going to <http://www.medicine.arizona.edu/student-affairs/phoenix/visitingstudents> <http://studentaffairs.medicine.arizona.edu/visiting.html>.
- **Space Availability:** Availability is on a first come first serve basis with the University of Arizona medical students receiving priority placement in the elective, followed by other LCME school medical students.
- **Application Form:** Please complete the application forms in full.
- **Letter of Good Standing:** Please attach a letter from your Dean's office stating you are a student in good standing and they approve of the rotations you are requesting. This letter must accompany the application form.
- **Banner Secure Hire Background check forms:** Please complete and return **OUR** attached form. Please do not attach your school's background checks we will not accept any other background check information.
- **Third Year Rotation Documentation:** You must submit documentation of all clinical rotations completed in your 3rd year of medical school. Criteria for doing any medicine elective at Banner Good Samaritan is completion of at least two months of inpatient Internal Medicine in a teaching setting during your 3rd year. Electives are not sufficient. Documentation must be specific.
- **Malpractice Insurance:** Proof of professional medical liability with coverage amounts acceptable to Banner Good Samaritan Medical Center. You will be notified if the coverage amount is unacceptable. Please provide a copy of medical liability certificate.
- **Vaccinations:** Must submit a brief record verifying you are current on the required immunizations Hepatitis B, MMR, Tuberculosis (within 6 months of elective start date), Tetanus (within 10 years of elective start date) and Varicella (chickenpox). This can be sent in the form of a report or letter from your primary care physician with the vaccination name and date given. **Please DO NOT send us your lab results.**
- **Personal Health Insurance:** Proof of personal health insurance (copy of health insurance card).
- **Photo ID:** A clear visible copy of your driver's license or school ID
- **Application Process:** Please attach all documentation with your application and mail/fax to the department of medicine. All the above requirements must be met in order for your application to be considered for a rotation. Upon approval or denial of your application, you will be notified by e-mail at the earliest possible.

NON LCME SCHOOLS

Application packets must be COMPLETE and turned in 90 days(NO EXCEPTIONS) in advance from the requested start date in order for us to receive the Letter of Agreement signed by the Dean or Program Director for your school.

- **ALL OF THE ABOVE**
- **MANDATORY FACULTY SPONSORSHIP (PRECEPTOR):** Foreign students from non-LCME schools are required and responsible for obtaining the approval and letter with signature of a Banner Good Samaritan Medical Center faculty member who has **personal** knowledge of your preparation and ability to perform satisfactorily and will act as an education sponsor for you during your visit to Banner Good Samaritan Medical Center. We do not give out a list of our Attendings.
- **Letter of Agreement:** Once I receive your application I can then send to your SCHOOL CONTACT the LOA that needs to be signed by the Dean or Program Director. It then must be approved by our Program Director and Chief Academic Officer before the rotation will be approved.
- **Student Status:** Applicants must be in their final year of medical school at the time of the scheduled elective and have completed all of the clerkship courses.
- **Space Availability:** Participation in any 4th Year elective will be allowed on a space-available basis with University of Arizona medical students receiving priority placement in the elective, followed by other LCME school medical students, then Non LCME students.



Banner Good Samaritan.
Medical Center

BANNER GOOD SAMARITAN MEDICAL CENTER

DEPARTMENT OF INTERNAL MEDICINE
1111 E. MCDOWELL RD., LL2 PHOENIX, AZ 85006

CONTACT: MARIA ROSS
Maria.Ross@bannerhealth.com
OFFICE: 602-839-2296 FAX: 602-839-5772

IMPORTANT!
INCOMPLETE APPLICATIONS WILL BE DENIED IMMEDIATELY!

2012-2013 Internal Medicine Student Application

PERSONAL DATA

Last Name:		First:		M.I.:	DOB:
Mailing Address:					Apt/Unit #:
City:			State:		ZIP:
Social Security #:		E-mail Address:			
Home Phone:		Cell Phone:		Pager:	
Emergency Contact:					

EDUCATION

Medical School:		School Address:			
Contact Name:		Contact E-mail:			
Phone:		Fax:		School Year:	
Expected Graduation Date (MM/YY):			Degree:		
Type of School (please check the one that applies to your school): Accredited LCME <input type="checkbox"/> Osteopathic <input type="checkbox"/> Non-LCME <input type="checkbox"/>					
Have you completed the USMLE/COMLEX Step 1 Exam: YES <input type="checkbox"/> Score: _____ NO <input type="checkbox"/>					
Applicant has completed a training program in Universal Precautions ensuring the appropriate handling of blood, tissues and body fluids: YES <input type="checkbox"/> NO <input type="checkbox"/>				Date course completed:	

If you are a Foreign national student please complete the following:

Citizen of what country:		Alien registration number:			
If foreign national, what type of U.S. non-immigrant visa do you have:					
Have you complete the Test of English as a Foreign Language (TOEFL) with a composite score of 500 or above: YES <input type="checkbox"/> Score: _____ NO <input type="checkbox"/>					

ROTATION REQUEST

Rotations Offered to Everyone: Internal Medicine, ICU, Medicine/Pediatrics, Nephrology, Pulmonary, Infectious Disease, Ambulatory Care and Geriatrics.

Rotation Title:(1st preference) 2 rotations MAX		Inclusive Dates:	
Rotation Title:(2nd pref. - if 1st pref. is unavailable) 2 rotations MAX		Inclusive Dates:	
Rotation Title:(3rd pref. - if 2nd pref. is unavailable) 2 rotations Max		Inclusive Dates:	

CONVICTIONSHave you ever been convicted of a felony? YES NO *If yes*, has the felony been expunged? YES NO Have you ever been convicted of a misdemeanor that involved drugs, alcohol related offenses, or crimes of moral turpitude? YES NO *If yes*, has the misdemeanor been expunged? YES NO Have you ever been sanctioned, excluded, or debarred by the Federal government from participation in healthcare programs? YES NO *If yes*, explain:**REASON FOR REQUESTING ROTATION****DISCLAIMER AND SIGNATURE**INSTRUCTIONS:

STUDENTS APPROVED FOR A ROTATION WILL BE REQUIRED TO OBTAIN A BANNER GOOD SAMARITAN MEDICAL CENTER IDENTIFICATION BADGE TO BE WORN DURING THE ENTIRE ROTATION. STUDENTS WILL ALSO BE ISSUED A MEAL CARD GOOD FOR ON-CALL MEALS AT BANNER GOOD SAM ONLY. THERE IS A \$50 REFUNDABLE DEPOSIT (CASH OR CHECK ONLY) REQUIRED AT THE TIME OF REGISTRATION. DEPOSIT WILL BE HELD & REFUNDED AT THE END OF YOUR ROTATION PROVIDED YOU CHECK OUT BY THE 1ST MONDAY AFTER YOUR ROTATION ENDS. FAILURE TO COMPLY WITH THE CHECK-OUT POLICY WILL RESULT IN FORFEITURE OF DEPOSIT. REGISTRATION WILL BE HELD IN THE MEDICAL EDUCATION DEPARTMENT ON LOWER LEVEL 2 (LL2) OF THE HOSPITAL.

***Please refer to the checklist below for documentation MANDATORY for application review.**

I hereby certify that the information I submit in this application is complete and correct to the best of my knowledge and belief

Applicant Signature:

Date:

INTERNAL MEDICINE OFFICE USE ONLYCoordinator: Approved Denied

Sent to Attending:

Attending: Approved Denied

Dept. Approved Rotation(s) Dates

Department Approval Signature:

Date:

MUST BE ATTACHED WITH APPLICATION PACKET MISSING INFORMATION WILL RESULT IN DENIED APPLICATION:

- 3RD YEAR SCHEDULE (2MONTHS MEDICINE)
- LETTER OF GOOD STANDING FROM DEAN'S OFFICE
- CONFIDENTIALITY/HIPAA FORM
- BANNER SECURE HIRE BACKGROUND CHECK FORMS
- CURRENT IMMUNIZATION RECORDS
- PROOF OF MALPRACTICE COVERAGE
- PROOF OF HEALTH INSURANCE
- COPY OF DRIVER'S LICENSE
- FACULTY SPONSORSHIP LETTER (NON-LCME STUDENTS)
- APPLICATION TO THE UNIVERSITY OF ARIZONA SUBMITTED (NON-AFFILIATED MEDICAL SCHOOLS). YOU CAN FIND MORE INFORMATION BY GOING TO <http://studentaffairs.medicine.arizona.edu/visiting.html>.

MEDICAL STUDENT/ROTATING RESIDENT CONFIDENTIALITY AGREEMENT

I understand that I may hear, see and create information that is private and confidential. Examples of confidential information are:

- ◆ Patient information both medical and financial
- ◆ Private employee information (such as salaries, disciplinary action, etc.) that is not shared by the employee.
- ◆ Business information that belongs to Banner or those with whom we work including:
 - Copyrighted computer programs
 - Business and strategic plans
 - Contract terms, financial cost data and other internal documents

Keeping this kind of information private and confidential is **so important** that if I fail to do so, I understand that I could be subject to corrective action, early end to my rotation or no evaluation will be completed for my rotation and/or possibly legal action.

I promise:

1. I will use confidential information only as needed to do my rotation. I will not access patient or employee information that is not needed to do my job. I will release patient information in accordance with the Data Classification and Release of Information policy.
2. I will not share confidential information in a careless manner and will protect any access codes, computer passwords or other such things so that unauthorized persons cannot access confidential information.
3. In order for me to receive my access codes and computer passwords I must attend the required computer training (Cerner/IPROB) as part of my orientation on the first day of my rotation.
4. I understand that information in my computer or electronic files may not be protected from legal discovery, even after I have deleted it from my files.
5. I will report to Medical Education if I think private or confidential information is being accessed or shared improperly. I understand that any such reports and my name will be kept confidential to the extent possible.
6. I understand that any confidential or proprietary information I develop or work on as part of my rotation belongs to Banner, not me. Any processes, products, writings or other creations developed by a medical student/rotating resident, while rotating at a BHS facility that are within the scope of BHS' business operations will be the property of BHS.
7. I understand that these promises carry over even if my rotation at Banner has ended.

I have completed compliance training through my home institution for Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Signature

Date

Print Name

Rotation



Banner Health.

Facility _____ Position _____ Start Date Estimate ___ / ___ / _____

**DISCLOSURE AND AUTHORIZATION TO OBTAIN
INVESTIGATIVE CONSUMER REPORT FOR
EMPLOYEE AND/OR VOLUNTEER**

As part of my application for employment or volunteer service with Banner Health I understand that Banner Health may obtain an Investigative Consumer Report ("Report"), which may include information as it pertains to my character, general reputation, personal characteristics, mode of living and work habits. Such a Report may be requested by Banner Health and/or its designated agents on behalf of Banner Health. The Report may include information relating to my past job performance and experience, including reasons for termination, professional license and education verification, consumer credit history, criminal and civil litigation history, driving records and/or other reports. Further, I understand that information will be requested from records from various federal, state, county or other agencies that maintain records. The scope of any subsequent consumer report will contain the same elements identified in the pre-employment background check. The purpose of the investigation will be to determine my continued suitability for employment, or whether I possess the minimum qualifications necessary for promotion, or transfer to another position. If I apply to become or become a Banner Health employee the Report will also be used to evaluate me for employment, promotion, reassignment or retention as an employee. The nature, scope and purpose of any subsequent report will be the same as the nature, scope and purpose of a pre-employment report.

I understand that I will receive a copy of the "A Summary of Your Rights" provided by the federal Fair Credit Reporting Act (FCRA). To obtain more information about my Report, I may contact www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**THIS REPORT IS BEING OBTAINED BY:
BANNER HEALTH SECURE HIRE
525 W Brown Rd, Suite 3318
Mesa, AZ 85201
Toll Free 866-922-2474**

*****NOTICE TO CALIFORNIA, OKLAHOMA, MAINE, MASSACHUSETTS, MINNESOTA, NEW YORK AND WASHINGTON STATE APPLICANTS*****

You have the right to obtain a copy of any Investigative Consumer Report obtained by Banner Health by checking the box provided below. The Report will be provided to you within three (3) business days after the Report is provided to Banner Health. Although the State Laws of CA, OK, ME, MA, MN, NY and WA require this statement; any resident of any state may obtain a free copy of this Report by marking the box below:

I request to receive a free copy of this Report by checking this box.

_____ Initial ___ / ___ / _____ Date

Consent Page 1 of 2

California Residents, please note that under section 1786.22 of the California Civil Code, you may view the file maintained on you during normal business hours. You may also obtain a copy of the file upon submitting proper identification and paying the costs of duplication services, if applicable, you may also receive by mail or a summary of the file by telephone. Banner Health Secure Hire will have personnel available to explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Maine Residents have the right, upon request, to be informed of whether a Report was requested and, if one was requested, the name and address of the consumer reporting agency furnishing the Report. You may request and receive a copy of the name, address and telephone number of the nearest unit designed to handle inquiries for the consumer reporting agency issuing the Report concerning you, within five (5) business days of your request. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such Reports.

New York Residents have the right to request the nature and substance of all information obtained on your behalf by Banner Health Secure Hire, including the sources of information, as well as the recipients of Reports within the two (2) year period preceding the request. New York Residents are entitled to receive a copy of the New York Correction Law also known as Article 23-A (attached) which pertains to the Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses. To initiate such request, contact Henrietta Williams, Director of Banner Health Secure Hire, at 525 W. Brown Road, Suite 3318, Mesa, AZ 85201, via email at henrietta.williams@bannerhealth.com or via toll free phone at 866-922-2474. I acknowledge that Banner Health Secure Hire will request, and I must supply, proper identification should such request be made.

Washington State Residents have the right, upon written request made within a reasonable period of time after your receipt of this **Disclosure and Authorization to Obtain Investigative Consumer Report**, to receive from Banner Health Secure Hire a complete and accurate disclosure of the nature and scope of the investigation requested by Banner Health. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

This Disclosure and Authorization to Obtain Investigative Consumer Report, in original, faxed, photocopied or electronic form will be valid for any Reports that may be requested by Banner Health. I authorize Banner Health, Banner Health Secure Hire and/or its designated agents, without reservation, permission to release all applicable records pertaining to the subject matter of this Disclosure and Authorization to Obtain Investigative Consumer Report.

_____	_____	_____
Print Name	Social Security Number	Date of Birth: (MM/DD/YYYY)
_____	_____	
Signature	Signature Date: (MM/DD/YYYY)	

Please initial here to allow Banner Health Secure Hire to Contact Current and any Previous Employers _____

