

ALASKA REGIONAL HOSPITAL
Medical Student
Application Form
3rd and 4th Year

Medical Students who are currently enrolled in a graduate medical education program, and who, as part of their educational program, will provide health care services at the Hospital for a period not to exceed one year. Medical Students shall not be considered Independent Practitioners, shall not be eligible for clinical privileges or medical staff membership, and shall not be entitled to any of the rights, privileges, or to the hearing or appeal rights under these Bylaws. Medical Students shall be enrolled in the sponsoring medical school or training program in accordance with provisions in an agreement between the Hospital and the school and/or training program. The Medical Student must be sponsored by a physician(s) having Active, Associate, or Courtesy privileges and who accepts full responsibility for supervision of the Medical Student at all times. All sponsoring physicians must be listed on and sign this application. Any student who rotates with a physician not listed on this application is subject to immediate termination of their rotation.

1. Medical Students may not admit patients or be the attending physician for any patient.
2. Medical Students shall have no independent patient care responsibilities and may not practice independently of an attending physician. Medical Students may only render medical services to patients for whom the Medical Student's supervising physician is the attending physician and only when under the direct and immediate supervision of the attending physician.
3. Medical Students are not eligible to vote or hold office.
4. The attending physician is responsible for all entries made by the Medical Student into the patient medical record. Medical Students may dictate admission history and physical examinations and write progress notes. All notes must be read, corrected or agreed with and signed by the supervising physician prior to their incorporation into the chart.
5. Medical Students may render patient care services at the Hospital only pursuant to and limited by the following:
 - A. The supervising physician notifies the hospital Chief Executive Officer, Chief Medical Officer, or the Chief of Staff prior to having the student involved in patient care. Applicable provisions of the professional licensure requirements of this state;
 - B. A requirement by the Hospital that the sponsoring medical school or training program cover the Medical Student with professional liability insurance coverage, in the minimum amount of 1 million for each claim and 3 million in aggregate; and,
 - C. While functioning in the Hospital, Medical Students shall abide by all provisions of the Medical Staff Bylaws, Rules and Regulations, and Hospital and Medical Staff policies and procedures, and shall be subject to limitation or termination of their ability to function at the Hospital at any time at the discretion of the Chief Executive Officer or the President of Staff. Medical Students may perform only those services agreed upon by the sponsoring physician to the extent that such services do not exceed or conflict with the Rules and Regulations of the Medical Staff or Hospital policies, and the supervising physician's privileges. A Medical Student shall be responsible and accountable at all times to his/her supervising physician, and shall be under the supervision and direction of said physician. **A Medical Student is responsible for obtaining prior authorization before working with any other supervising physician not listed on this application, failure to do so will result in immediate termination of the student rotation.**
6. An immunization record must be provided to the Medical Staff Services before starting the rotation.

Name, Last	First	MI	Birth Date	Social Security Number	
Email			Home Phone	Cell Phone	
Medical School				Year	
Supervising Physician(s) Please Note: List all providers and have all sign					
Address (Street)		(City)	(State)	(Zip)	(Phone)
Scheduled Rotation					
From _____ To _____					
Liability Insurance Carrier/Name of Insured			Policy Number	Expiration Date	
Address (Street)		(City)	(State)	(Zip)	(Phone)
I am able to perform the procedures requested. Yes _____ No _____ I am not presently using any illegal drugs, nor any other substance that would impair my ability to perform those essential functions. Yes _____ No _____					
Have you been arrested or had any criminal conviction in the past. Yes _____ No _____ If yes, please explain:					
Have any claims, judgments, or settlements been made or entered against you in any professional liability case, or are any claims currently pending? If yes, please give full details on a separate sheet. _____ Yes _____ No					

According to Alaska Regional Hospital's Medical Staff Bylaws, Rules and Regulations, the Medical Students may perform limited invasive procedures under the **direct supervision of the sponsoring physician**. These procedures may include:

1. The medical student may write admission history and physical examinations and progress notes. All notes must be read, corrected or agreed with, and signed by the supervising physician.
2. Medical students may draw blood, start IV's, or do other limited invasive procedures, only under the direct supervision of the supervising physician.
3. The medical student may scrub in surgery or assist in delivering babies under the direct supervision of the supervising physician and only after assuring written consent from the patient.
4. The patient shall not be charged for services by the medical student.
5. **A 4th Year Medical Students may write orders. Their orders must be co-signed before being implemented.**

I certify that the above information is true to the best of my knowledge. I certify to perform services for patients only when under the direct supervision and control of the supervising physician, who will be physically present and actively participating at all times and in all activities while at Alaska Regional Hospital. **I attest that any and all sponsoring physicians I work with will sign below and that my rotation can be immediately terminated if I work with any physician not listed below as my sponsor.** I understand that at no time will activities exceed those which are approved or any limitations imposed by state laws and/or regulations. I understand it is my responsibility to identify myself to the patient before any form of treatment or patient care is rendered. I also understand that it is the responsibility of the medical student and the supervising physician to obtain written consent prior to procedures.

Applicant's Signature

Date

Medical Students will be supervised by the supervising physician one hundred percent (100%) of the time within the Alaska Regional Hospital. Nothing becomes part of the medical record or orders implemented without countersignature of the supervising physician.

No physician may sponsor or supervise more than two (2) Medical Students at any one time.

I hereby attest to the fact that this Medical Student is competent to perform the above procedures. I, the medical school supervisor/sponsoring physician, certify that the above named Medical Student is a bona fide participant in an approved Medical School.

Sponsoring Physician

Date

Sponsoring Physician

Date

Sponsoring Physician

Date

Department Chairman/President of Staff

Date

Chief Executive Officer/Chief Medical Officer

Date