Dear Applicant,

This application is for students currently enrolled in medical school who want rotations at one of our off-campus ambulatory/private preceptor sites. 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.

Applications must be submitted to Carilion's Office of Visiting Student Affairs (VSA) by mail, fax or email attachments (PDF format only) arriving no later than 45 days prior to the requested start date. Incomplete applications will not be accepted for consideration of a rotation.

All arrangements must be approved and coordinated with Carilion's Office of Visiting Student Affairs as described here and on the application, even if your school or a Carilion staff member consented to the visit. No exceptions!

Prerequisites for Applying

1. You must be a current third or fourth-year medical student at the time of rotation.
2. You must have completed your school's core rotations if applying for an elective rotation, especially in the area for which you're applying.
3. You must be a native-born US citizen, naturalized US citizen, permanent resident, or have entered the United States on a B1 or F1 visa.
4. You must be fluent in written and spoken English.
5. You must have taken and passed the USMLE/COMLEX Step 1 exam if applying for an elective rotation.
6. Your school must be affiliated with Carilion Clinic and have acurrent agreement on file.

Date Restrictions

Rotations in our practice offices are Monday through Friday for 2-4 consecutive weeks. Students may not take time off on the rotation start date.

Process

Only completed applications are processed for consideration. If the application is approved by VSA, students will receive a confirmation and pre-arrival instructions by email containing information regarding required documentation and online training.

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

Carilion's Office of Visiting Student Affairs
1 Riverside Circle; Suite 401
Roanoke, VA 24016
(fax) 540-983-1189

VisitingStudentAffairs@carilionclinic.org

CARILION CLINIC

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)

☐ Native-Born US Citizen ☐ F1 Student
☐ Naturalized US Citizen ☐ B1, B2 Temporary Visa
☐ Permanent Resident ☐ J1, J2 Exchange Visitor

Emergency Contact _____
Relationship _____
Phone Numbers _____

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
☐ Carilion's Immunization Record
☐ Proof of Health Care Coverage (photocopy both sides of health insurance card)
☐ 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.

_____ _____ _____ Print Form
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

Rev 02152013