Trinity Health Ann Arbor & Livingston Hospitals

4th Year Medical Student Rotation Application and Student Participation Agreement

Applicant Name: _____ Date of Application: _____

Address: _____

E-mail Address: _____ Phone Number: _____

Medical School Information (LCME/COCA Accreditation Required)

Name: _____

Address: _____

Contact Name: _____

Contact Email: _____ Contact Phone Number: _____

MD Student ☐ DO Student ☐ Overall Area of Interest: _____

Check to confirm 4th year status at time of requested rotation ☐

Rotations Offered

- Acute Care Surgery (4 weeks)
- Anesthesia (2 or 4 weeks)
- Cardiology (2 or 4 weeks)
- CCU (2 or 4 weeks)
- Dermatology (1 week virtual)
- Emergency Medicine (4 weeks)
- ENT (2 or 4 weeks)
- Family Medicine (2 or 4 weeks)
- General Surgery (4 weeks)
- Hospitalist (4 weeks)
- Infectious Diseases (2 or 4 weeks)
- Internal Medicine-Inpatient (4 weeks)
- Internal Medicine-Outpatient (2 or 4 weeks)
- MICU (4 weeks)
- Nephrology (2 or 4 weeks)
- OBGYN (4 weeks)
- Orthopedic Surgery (2 or 4 weeks)
- Palliative Care (2 or 4 weeks)
- Plastic Surgery (4 weeks)
- PM&R (4 weeks)
- Psychiatry (2 or 4 weeks)
- Pulmonary Critical Care (4 weeks)
- Radiology (2 or 4 weeks)
- SICU (4 weeks)
- Vascular Surgery (4 weeks)

Requested Rotation	1st Choice Dates	2nd Choice Dates	Internal Use Only

In consideration of my proposed medical student clinical rotations at Trinity Health Ann Arbor & Livingston Hospitals, I hereby agree to the following:

1. I will comply with all applicable standards of care, policies, procedures, rules and regulations of Trinity Health Ann Arbor & Livingston Hospitals, and the instructions of Trinity Health Ann Arbor & Livingston Hospitals supervisors, including, but not limited to those governing patient confidentiality.
2. I will submit all requested immunizations requirements signed off by an authorized school representative.
3. I understand and acknowledge that Trinity Health Ann Arbor & Livingston Hospitals have the right to take certain actions, if in its exclusive judgment I have failed to observe applicable policies, procedures, rules, regulations, or the instructions of Trinity Health Ann Arbor & Livingston Hospitals supervisors, or have compromised the standard or quality of patient care or the safety of patients, or for other reasonable cause, including the failure to follow appropriate modes of dress, grooming and behavior. Said actions include but are not limited to my suspension or termination from the clinical rotation, limitations on my participation in the rotation, and unfavorable evaluations of my performance or character including the communication of such evaluations to the School and to other entities or individuals as required or permitted by law. I hereby voluntarily release Trinity Health Ann Arbor & Livingston Hospitals, and their employees, agents and medical staff from any and all suits, claims, liability or demands based on such actions.
4. I acknowledge that my clinical rotation shall be a part of my professional training, and not as an employee of Trinity Health Ann Arbor & Livingston Hospitals. I understand that I shall not be entitled to compensation or employee benefits, nor shall I be considered an employee for purposes of unemployment compensation, minimum wage laws, Social Security or any other purpose.
5. I have read this Participation Agreement carefully, and have had sufficient opportunity to ask questions and have it explained to me before signing it.

Applicant Signature Date

Please return completed application to erin.madden@trinity-health.org