



## Student/Trainee Policies and Requirements

Memorial Healthcare (MHC) is currently considering requests for Elective Rotations only from:

1. Students/trainees enrolled in accredited healthcare training programs located in the State of Michigan including LCME or COCA accredited medical schools and ACGME or AOA accredited residency programs.
2. Other students/trainees who have significant relationships or ties, as evaluated by the MHC Designated Institutional Official (DIO), with MHC, its staff, or its service area.

It is the responsibility of the student/trainee to identify and contact a member of the Memorial Healthcare staff, appropriate for the proposed Elective Rotation, to determine the staff member's willingness and availability to act as their preceptor and direct supervisor during the rotation.

The following documentation must be submitted by all students/trainees seeking to do an Elective Rotation at MHC at least 30 days prior to the start of the rotation:

1. A Memorial Healthcare **Education Affiliation Agreement** signed by the authorized DIO of the student/trainee's educational institution.
2. A completed Memorial Healthcare **Scope of Elective Rotation Form**.
3. A copy of a criminal background check report for all students/trainees and additionally a copy of a Michigan Public Sex Offender Registry (PSOR) check for those students/trainees who may come in contact with pediatric patients at MHC.
4. A copy of a malpractice insurance certificate indicating that the student/trainee will be covered throughout the period of the rotation by his/her home program with liability insurance coverage of not less than \$1,000,000 for each occurrence and \$3,000,000 in the aggregate.
5. Evidence of personal health insurance coverage.
6. Documentation of having completed of HIPAA training.
7. Documentation of having completed training in Infection Control/Universal Precautions/Exposure to Blood and Other Body Fluids.
8. Documentation of having completed N95 Respirator Fit Testing.
9. Documentation of an evaluation completed within one calendar year of the Elective Rotation period demonstrating the absence of active tuberculosis. (Please see **Memorial Healthcare Student/Trainee Guidelines for TB Evaluation** for required TB evaluations)
10. Documentation of having received an annual Influenza vaccination if the Elective Rotation is to take place between September and April.

11. Documentation of having received at least one Tdap (Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccination as an adult **and** some form of tetanus vaccination (whether Tdap or Td) within the past ten years. The specific date(s) of the vaccination(s) must be included in the documentation.
12. Documentation of testing showing immunity to the following diseases:
  - a. Measles, mumps, and rubella—documentation of quantitative measles, mumps and rubella antibody titers. (Copies of the actual laboratory reports must be provided)
  - b. Varicella—documentation of a quantitative varicella zoster virus antibody titer. (Copies of the actual laboratory reports must be provided)—A history of having “had the disease” is not adequate documentation of immunity to varicella.
  - c. Hepatitis B—documentation of a quantitative Hepatitis B surface antibody (anti-HBs) titer. (Copies of the actual laboratory reports must be provided)

All required documentation should be submitted to:

Medical Staff Services  
Memorial Healthcare  
826 W. King Street, Owosso, MI 48867  
Phone: 989-729-4839; ext. 1839  
Rsteele@memorialhealthcare.org  
Fax: 989-725-2382