



Rotation Checklist

Name _____
Print full name including middle initial

Home Institution _____

Email: _____

Phone: _____

Last 4 digits of SS #: _____

DOB: _____

Gender: M / F

Rotation requested: _____

Rotation Dates _____

School Coordinator: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

Internal Use only

Prior to the Student/ Resident beginning (*to be provided by the institution or student*):

Letter in Good Standing

- Certificate of Malpractice Insurance*
- Current Criminal Background Check*
- Copies of current BLS & ACLS*
- HIPAA Certification*
- OSHA Training (*if applicable*)
- COMLEX 1, 2CE, 2PE & 3 / USMLE step 1, 2, 2MK & 3
- Current Curriculum Vitae (CV)*
- Copy of valid/unexpired picture identification (driver's license, passport, etc.)*
- ECFMG Certificate (*if applicable*)

Physical Exam & Health Screening

- 2-step TST (TB) or current Quantiferon (QFT)* (if TST+ then need chest X-Ray)
- Titers for Rubella, Measles, Mumps, and Varicella*
- Hepatitis B titers or proof of vaccination*
- Current Urine Drug Screen* (*within 1 year*)
- Current Fit Test
- Current Influenza vaccination (*Oct-March*)* required for Sept to Feb rotation dates
- Proof of Covid-19 vaccine including booster (*subject to change*)

PMC Manager Signature _____