

**CHECKLIST FOR MEDICAL STUDENT CLINICAL CLERKSHIP/ ELECTIVE**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Elective:** \_\_\_\_\_  
**Dates:** \_\_\_\_\_  
**Preceptor:** \_\_\_\_\_

The Providence Sacred Heart Medical Center and Spokane Teaching Health Center Graduate Medical Education Committee (GMEC) has reviewed the student and approved the elective provided the checklist is complete.

The following items have been reviewed and are complete.

	Student must be candidate for the M.D. or D.O. degree in good standing in a school accredited by the Liaison Committee on Medical Education or Education Department of the American Osteopathic Association.
	Students must be either U.S. citizens or have a valid U.S. visa. (residency programs will not sponsor visas)
	Student must have received a passing score on the Step 1 of the USMLE or COMLEX examination before starting the elective.
	Student must have malpractice/liability insurance coverage from their institution or from another source. A minimum coverage of \$1 million per occurrence and \$3 million aggregate is required.
	Students must have completed their schools training module or course in HIPAA Compliance. The student must submit a copy of a certificate or letter of completion with the application packet.
	Student must have completed a program on universal precautions within the last 18 months ensuring the appropriate handling of blood, tissues, and body fluids.
	Student must have personal health insurance coverage in effect while away from their school.
	Student must sign a form to have a routine criminal background check performed by the WSP. Check is complete and reveals no adverse record.
	Student has photographic ID or has sent photograph.
	Medical school goals, objectives and evaluation form
<i>Immunization policy</i>	
	PPD: within the past 12 month period. Converters: initial chest X-ray, isoniazid (INH) x 6 months.
	Tetanus/Diphtheria: primary series plus TD booster within last 10 years.
	MMR (Measles, Mumps, Rubella): 2 positive serologies or 2 doses of vaccine after 1968 (the last after 1979).
	Hepatitis B: series of 3 inoculations and follow-up titer.
	Polio: complete primary series of oral trivalent vaccine or IPV (injectable) plus booster after the age of 4.
	Flu Vaccine: within the past 12 month period

GMEC notification

Medical Staff Services notification: SHMC  DMC (if student to rotate there)

**Reviewer:** \_\_\_\_\_  
**Title:** Program Coordinator  
**Date:** \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_