VOLUNTEER ROTATIONS

MILITARY/CIVILIAN STUDENTS, RESIDENTS, FELLOWS
MADIGAN HEALTHCARE SYSTEM

Reference AF 351-3, Chapters 14 and 15 and HSC Memorandum of Record, 30 Oct 87, Subject: Reporting Requirements for Foreign Nationals. Submit the following information to the Graduate Medical Education Office at least three - four weeks in advance of rotation:
* If a non-US Citizen, submit information 45 days in advance of rotation. Include place of birth, country of origin and affiliation (i.e., if individual holds a position in his/her native country) in the REMARKS Section.
** LICENSURE MUST BE ATTACHED FOR THE PHYSICIAN STUDENT

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations and E.O. 9397 (SSN).
PRINCIPAL PURPOSE: Telephone number and home address will be used to contact students regarding changes to rotations and to request additional information, if needed.
ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
DISCLOSURE: Disclosure of information is voluntary; however, failure to provide the requested information may delay information on the student's rotation.

The following must be completed by either the Madigan preceptor or affiliated institution and submitted to the Graduate Medical Education Office four - six weeks in advance of rotation.

NAME OF AFFILIATED INSTITUTION	IS THERE AN ESTABLISHED AFFILIATION AGREEMENT WITH THIS INSTITUTION? ☐ Yes ☐ No	AFFILIATION AGREEMENT NUMBER

STUDENT'S LAST NAME	FIRST NAME	MI	DATE OF BIRTH	PLACE OF BIRTH	SSN

SEX	U.S. CITIZEN *If non-U.S.. Citizen, information must be submitted 45 days in advance of rotation	TYPE OF STUDENT (i.e., Family Practice Resident, PA, Social Work, Dietetic)
☐ Male ☐ Female	☐ Yes ☐ No	

NAME OF PROGRAM	EDUCATIONAL E-MAIL ADDRESS	YEAR LEVEL (if applicable)	YEAR OF GRADUATION

ROTATION BEGIN DATE	ROTATION END DATE	SERVICE ROTATING ON	NO. HOURS WORKED/DAY	NO. HOURS WORKED/WEEK

STATEMENT OF DUTIES TO BE PERFORMED

CERTIFICATION OF AFFILIATED INSTITUTION:

a. For physician students - I have attached a copy of their professional license.
b. Students involved in patient care have current MMR/HBV, Tetanus and TB Immunizations
c. *If non-U.S.. Citizen - I have provided the information requested above.
d. The student named on this form is in good standing in their training program.

NAME OF PROGRAM DIRECTOR OF AFFILIATED INSTITUTION	SIGNATURE	DATE

NAME OF MADIGAN PRECEPTOR	SIGNATURE	DATE

ARRIVAL INFORMATION

Upon arrival at Madigan, the student will complete the following. Report to the Graduate Medical Education Office (Medical Library, 2nd Floor), Room 2-67-10 to register. Hours are 8:00 a.m. to 4:00 p.m..

ARE THE DATES OF ROTATION CORRECT?	WILL YOU BE RETURNING TO MADIGAN FOR ANOTHER ROTATION?
☐ Yes ☐ No	☐ Yes ☐ No IF YES, WHEN?

ADDRESS WHILE ROTATING AT MADIGAN	PHONE NUMBER (Include Area Code)	FORWARDING ADDRESS	PHONE NUMBER (Include Area Code)

PHYSICIAN STUDENTS ONLY ☐ COPY OF MY PROFESSIONAL LICENSE IS ATTACHED.
☐ I CERTIFY THAT I HAVE A PROFESSIONAL LICENSE: STATE EXPIRES

MILITARY RESIDENTS - PGY-3 and above must have current valid unrestricted license in their possession.

I certify that all statements made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.	SIGNATURE	DATE