

 SWEDISH MEDICAL CENTER <small>GRADUATE MEDICAL EDUCATION</small>	Policy Name: GME Medical Student Policy and Procedure	Number: 200
Applies To: <input type="checkbox"/> Residents <input type="checkbox"/> Fellows <input type="checkbox"/> Preceptor <input checked="" type="checkbox"/> Students <input type="checkbox"/> Observers <input type="checkbox"/> Program Staff <input checked="" type="checkbox"/> GME Staff		Effective Date: BEGINNING
Policy Revision Date: 9/4/18	Procedure Revision Date: 9/4/18	

PROCEDURE:

Public-facing website with the student application: <https://www.swedish.org/for-health-professionals/graduate-medical-education/information-for-students>

Medical Student must:

- Verify an active **Affiliation Agreement** between home institution and SHS.
 - **New Affiliation Agreements.** SHS GME Office facilitates new Affiliation Agreements. The appropriate contact at the home institution must contact GME (GMEOnboarding@swedish.org) to begin this process. It can take *8-12 weeks prior to a rotation start to fully execute an Affiliation Agreement, and complete the onboarding process.*
- Verify the rotation Preceptor, based on the Affiliation Agreement and/or information from the rotation.
- Verify the specialty Administrative Support/Coordinator, based on the information from the rotation.
- Gather required documentation to upload for the student application:
 - Signed **Confidentiality Agreement**
 - **Letter of Good Standing, or Background Check** from place of primary residence
 - **Liability Insurance Verification**
 - **Health Insurance Coverage verification, or Waiver Form**
 - Complete and up-to-date **Immunizations Record**
 - **Photo** (jpg; passport-style, front-facing, plain background)
 - **Orientation Modules**
- Complete the **Rotation Application** at least three (3) full weeks before the proposed rotation start date:
 - Demographic Information:**
 - Legal First Name
 - Legal Last Name
 - Middle Initial (“x”, if none)
 - Preferred First Name
 - Date of Birth
 - Last four digits of Social Security number
 - Preferred Email Address
 - Personal Telephone Number
 - Personal Mailing Address
 - Rotation Information:**
 - Name of School/Institution
 - Name of School/Institution Coordinator
 - Email Address of School/Institution Coordinator
 - Professional Liability Insurance Carrier
 - Expected Graduation Date
 - Have you previously had computer access within SHS
 - Requested Rotation Start Date (must be three weeks from date of submission of Application)
 - Requested Rotation End Date
 - Department/Specialty of SHS Preceptor
 - Name of SMC Preceptor
 - Preceptor Credentials
 - SHS Campus/Site for Rotation
 - SHS Department/Specialty Coordinator (administrative/support staff for the specialty site)
 - Email address of SHS specialty coordinator
 - Required Documentation Verification or Upload.**
 - Attestation** that all information submitted is correct.