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.