



- **Please complete and return the attached packet at least 3 weeks PRIOR to your scheduled rotation at Meadowview Regional Medical Center.**
- **All Physicians MUST sign off on the Sponsoring form before you can attend. This MUST be completed with every new rotation to avoid any conflicts.**
- **If you have any questions please call Kathryn Hutchinson at 606-759-3115.**

## Student Checklist:

- A. Background-**Level I** Background Investigation (All candidates for employment, volunteers, and students)
1. Social Security Trace
  2. Criminal Records Search – County Criminal and/or Statewide Criminal
  3. Record Search(es) - *7 years of residential address history or up to 5 criminal searches*
  4. National Wants and Warrants Submission
  5. US Criminal Records Indicator (*includes a simultaneous search of 50 state sex offender registries and over 200 criminal records*)
  6. FACIS – Level I
    - a. OIG List of Excluded Individuals/Entities
    - b. GSA List of Parties Excluded from Federal Programs
    - c. The U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN)
    - d. Applicable State Exclusion List
1. Current urine drug screen- 10 Panel
  2. Proof of a PPD x's 2 or QuantiFERON TB Gold
  3. Up to date immunization record
  4. Security Access Form (SAF)
  5. Student **MUST** attend orientation. Please have student call one month ahead to get the date.
  6. Name Badge with photo ID (after orientation)-**MUST** be returned after rotation

**If student packet is incomplete, it will be sent back until completed. You will not be allowed to attend until all forms are completed and signed.**

## **Mission, Vision & Values**

LifePoint's facilities and employees across the nation are united by a shared mission and vision and common values.

### **Our Mission**

Making Communities Healthier

### **Our Vision**

We want to create places where:

- People choose to come for healthcare,
- Physicians want to practice, and
- Employees want to work.

### **Core Values**

- Honesty
- Integrity
- Trustworthiness
- Compassion
- Legal/ethical compliance

### **Our High Five Guiding Principles**

LifePoint was founded with five core guiding principles we call our High Five. These principles guide our actions and decision making and define what communities can expect from us as a healthcare partner.

- Delivering high-quality patient care
- Supporting physicians
- Creating excellent workplaces for our employees
- Taking a leadership role in our communities
- Ensuring fiscal responsibility



Meadowview Regional Medical Center  
Medical/AHP Student Rotation Policy

**POLICY**

It is the policy of Meadowview Regional Medical Center to establish and enforce the procedure for Medical/AHP student rotations.

**PURPOSE**

It is the purpose of this policy to ensure a uniform and standard procedure for medical student rotations in the hospital under physician supervision.

**SCOPE**

This policy covers all Medical/AHP students during their rotation while at MRMC.

**SCOPE OF PRACTICE**

Students are not licensed and, therefore, are not legally or ethically permitted to practice. A student may be involved in assisting the care of a patient, but only at the direction and guidance of a licensed physician. Students will have an opportunity to accompany their supervision/sponsoring physician while making hospital rounds, perform history and physicals, participate in patient care, utilize their skills in diagnosis, principles, practice, and treatment and be generally introduced to hospital routine. Students may attend medical staff department meetings related to their rotation service.

**RESPONSIBILITIES**

It is the MRMC Medical Staff to ensure compliance with the provisions stated within this Policy.

Physicians are responsible for medical care of the patient and for approving and countersigning all history and physicals, order, progress notes, etc. written by the student.

**PROCEDURES**

The supervision/sponsoring physician will notify Administration when a student rotation is planned.

SPONSORING PHYSICIAN

Name of Student: \_\_\_\_\_

Dates of Student Rotation: \_\_\_\_\_

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Sponsoring Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Number: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

During this student's rotation, it is understood that the student, at all times, will be under my direct guidance and supervision.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**This MUST be completed every new rotation to avoid any conflicts with the Physicians.**

Medical Student Information Form

I hereby certify that the information contained in this information form is true and correct to the best of my knowledge. By signature on this information form, I agree to abide by the policies and procedures governing medical students at Meadowview Regional Medical Center. Specifically, that medical students are allowed to examine patients, review charts and write orders in a patient's chart, but the orders **MUST** be countersigned by the supervising physician before the orders are carried out. I further agree to abide by all rules, regulations, policies, and procedures of Meadowview Regional Medical Center during my preceptorship at said facility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Preceptor(s)

\_\_\_\_\_  
Dates of clerkship/rotation

\_\_\_\_\_  
Name of Preceptor(s)

\_\_\_\_\_  
Dates of clerkship/rotation

\_\_\_\_\_  
Name of Preceptor(s)

\_\_\_\_\_  
Dates of clerkship/rotation



TO: CREDENTIALS COMMITTEE  
C/O MEADOWVIEW REGIONAL MEDICAL CENTER  
989 MEDICAL PARK DRIVE  
MAYSVILLE, KY 41056

RE: MENTAL & PHYSICAL COMPETENCE

I have known \_\_\_\_\_ personal and professionally, and can attest to the fact that the above practitioner is mentally and physically competent to carry out his/her responsibilities for the privileges with which he/she has requested. I therefore recommend his/her appointment/reappointment to the Allied Health Professional staff of Meadowview Regional Medical Center.

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**Signature**

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**Date**

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**Please Print or Type Name & Title**

Meadowview Regional Medical Center  
989 Medical Park Drive  
Maysville, KY 41056  
(606) 759-5311