VOLUNTEER ROTATIONS

MILITARY/CIVILIAN STUDENTS, RESIDENTS, FELLOWS
MADIGAN ARMY MEDICAL CENTER

Reference AF 351-3, Chapters 14 and 15 and HSC Memorandum for 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 non-US Citizen, information must be submitted 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 STUDENTS

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 MAMC preceptor or affiliated institution and submitted to the Graduate Medical Education Office 4-6 weeks in advance of rotation.

NAME OF AFFILIATED INSTITUTION			IS THERE AN ESTABLISHED AFFILIATION AGREEMENT WITH THIS INSTITUTION? ☐ Yes ☐ No		AFFILIATION AGREEMENT NUMBER
LAST NAME *(Student)*	FIRST NAME	MI	DOB	SSN	SEX ☐ Male ☐ Female
US CITIZEN ☐ Yes ☐ No *If non-US Citizen, information must be submitted 45 days in advance of rotation			TYPE OF STUDENT (i.e., Family Practice Resident, PA, Social Work, Dietetic)		
NAME OF PROGRAM		EDUCATIONAL E-MAIL ADDRESS		YEAR LEVEL (if applicable)	YEAR OF GRADUATION
BEGIN DATE OF ROTATION AT MAMC	END DATE	SERVICE ROTATING ON	NO. HOURS WORKED/DAY		NO. HOURS WORKED/WEEK

STATEMENT OF DUTIES TO BE PERFORMED

CERTIFICATION BY 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-US Citizen – I have provided the information requested above.
d. The student named on this form is in good standing in their training program.

TYPED NAME OF PROGRAM DIRECTOR OF AFFILIATED INSTITUTION	SIGNATURE	DATE
TYPED NAME OF MADIGAN PRECEPTOR	SIGNATURE	DATE

ARRIVAL INFORMATION

The student upon arrival at Madigan will complete the following:
Report to the Graduate Medical Education Office, Nursing Tower, 8th Floor, Room 8-95-2 to register. Hours are 07:30 a.m. to 4:00 p.m.

NAME	ARE THE DATES OF ROTATION LISTED ON THE FRONT OF THIS SHEET CORRECT? ☐ Yes ☐ No	WILL YOU BE RETURNING TO MADIGAN FOR ANOTHER ROTATION? ☐ Yes ☐ No IF YES, WHEN:_____

ADDRESS WHILE ROTATING AT MADIGAN (i.e. FT LEWIS LODGE)	FORWARDING ADDRESS
PHONE NUMBER WHILE ROTATING AT MADIGAN	TELEPHONE NUMBER AT ABOVE ADDRESS (INCLUDE AREA CODE)

PHYSICIAN STUDENTS ONLY

☐ COPY OF MY PROFESSIONAL LICENSE IS ATTACHED or ☐ 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.

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