



Clinical Rotation Request Form

In order to schedule clinical rotations, you are required to have this document completed and signed by the Clinical Coordinator for Xavier University School of Medicine not less than six (6) weeks prior to the start date for your requested rotation.

Student's Name: _____ Today's Date: _____

Contact Phone: _____ Contact Email: _____@students.xusom.nl

<u>Rotation (s) Requested</u>	<u># of Weeks</u>	<u>Start Date</u>	<u>Core/ Elective</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS: _____

This letter certifies that this student is in good standing with Xavier University School of Medicine Aruba (XUSOM) and has been hereby granted permission to be scheduled for the specified rotations.

 Clinical Coordinator – XUSOM Aruba Date

 Bursar – XUSOM Aruba Date

Date Submitted to Accounting: _____ Date Received from Accounting: _____

Emailed Student Date: _____ Date emailed to Hospital: _____

Notes/Other: _____

Please fax the form to **516 333 8151**

Attention: **Clinical Coordinator**

Documents

Please make sure that your student file is complete all of the following documents have been submitted and not expired. (Check all submitted)

- All official transcripts
- USMLE Step 1 Score
- Police clearance
- 10 Panel drug test
- Physical Examination
- CV
- Immunization records
 - MMR
 - Hepatitis B Series
 - Varicella
 - PPD (Every 12 month)
 - Chest X-Ray for + PPD(every 6 month)
- Driver License (copy)
- Verification of Legal status in US- copy (Passport/ Permanent Resident Card /Visa)

For all questions regarding clinicals and scheduling, please call the clinical coordinator at:

516 333 2224 or email clinicals@xusom.com

Official Section

- Financial Clearance
- Letter of Good Standing
- Malpractice Insurance
- Student documents
- Scheduling request
- Enter in SIS System
- Forward Scheduling request to the Hospital
- Payment to the Hospital
 - Invoice # _____