



Welcome to Virtua,

You will be reporting to Virtua for your next rotation. Please complete the attached (student requirement) paperwork which must be completed in total before your rotation begins. Please check with your Clerkship Coordinator to be sure all of your paperwork is in order.

The following checklist summarizes all the documents you will need to submit before your rotation can begin. Some of these documents may take a bit of time to gather, so please begin this process as soon as possible.

**Please submit these documents four weeks prior to the start of your rotation to avoid any delay in the start of your rotation.**

**Student:**

- **Government Issued Photo ID or Driver's License** (*provide attachment*)
- **Provide Student Photo for Badge**
- **Application**
- **Complete EPIC, Human Trafficking, Drug Diversion, Opioid & Bloodborne Pathogen Modules** (*only available once all documents are submitted and confidentiality form is complete*)

**School or Institution must provide –**

- **Current Affiliation Agreement** (*must be current prior to the start of the rotation*)

**A letter must be provided that includes:**

- **Letter of Good Standing and that this rotation is approved**
- **Criminal Background Check completed with no record**
- **Immunizations up-to-date:**
  - **PPD or TB Survey & Chest X-ray report within two years if know skin test positive**
  - **Measles (Rubelola) Titer – positive result. If not MMR vaccine REQUIRED**
  - **Mumps Titer – positive result. If not MMR vaccine REQUIRED**
  - **Rubella Titer – positive result. If not MMR vaccine REQUIRED**
  - **Varicella Titer – positive result. If not Varicella vaccine REQUIRED**
  - **Hepatitis B. Titer –positive if not vaccine or signed declination REQUIRED**
  - **Verification of Flu Shot REQUIRED** (*must be current*)
  - **COVID Vaccination** (two doses completed & booster)
- **Student training completed in the areas of HIPAA, blood borne pathogens, patient rights, privacy, respect and confidentiality.**
- **BLS and/or ACLS certified**
- **PALS** (when working with children)

**FAMILY MEDICINE STUDENTS:** If you are a family medicine student rotating at Virtua Primary Care @ 2225 Evesham you will receive a schedule and other documents that pertain to your rotation the Thursday/Friday before the start of your rotation. Please submit your documents to [GraduateMedicalEducation@virtua.org](mailto:GraduateMedicalEducation@virtua.org). Make sure to bring your white coat and stethoscope to your rotation.

**PODIATRY EXTERNS:** Please provide additional copies of the following documents to Summit Surgical Center as part of your rotation will be at this facility. Address: Summit Surgical Center ~ 200 Bowman Drive, Suite D160, Voorhees, NJ 08043 Karen Paladino [kpaladino@Virtua.org](mailto:kpaladino@Virtua.org) 856-247-7938 or [Jmasters@virtua.org](mailto:Jmasters@virtua.org) 856-247-7810.

- Rubelola & Rubella Titers – positive result
- PPD or TB Survey & Chest X-ray report within two years if know skin test positive
- Flu Immunization starting October 1<sup>st</sup>.
- Letter of Good Standing from your school.
- Human Trafficking Certificate – Forward a copy of it to Summit Surgical Center. .

**Please begin gathering your documents immediately in order to give sufficient time for your IT access and follow the computer access instructions provided to you in order to gain access in a timely manner.**

If you need further assistance or if you have any questions at all, please call our office at 856-325-3737 or email me at [GraduateMedicalEducation@virtua.org](mailto:GraduateMedicalEducation@virtua.org).

## Student Learner Application

Separate confidentiality forms will be required for each rotation. Confidentiality forms are required **30 days prior to rotation.**

### Applicant Information:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Scrub Set Size Size (Issued as a set): \_\_\_\_\_

Virtua's Scrub Sizing System: Scrub Set Size (XS-3XL)

Clinician I will be following is \_\_\_\_\_

Clinical/Specialty

Program: \_\_\_\_\_ Hospital or

Outpatient Clinic: \_\_\_\_\_

School/Hospital Program Coordinator's Contact Information:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*In making this application, I agree to abide by the Bylaws and Rules and Regulations of Virtua and such rules and regulations as enacted from time to time. I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal. I also understand that I as a Medical Student I may not be provided with access to the computer systems or swipe access. If access is required, my preceptor must submit a request fifteen days prior to the start my rotation.*

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**Signature of Applicant**

**Date**

Please return to: Graduate Medical Education  
2225 Evesham Road, Suite 101  
Voorhees, NJ 08043

Telephone: 856-325-3737 Fax Number: 856-325-3705 email: [GraduateMedicalEducation@virtua.org](mailto:GraduateMedicalEducation@virtua.org)