APPLICATION FOR ELECTIVE ROTATION
*(This form must be completed for ALL elective clinical rotations, including vacation)*

Office of Clinical Education
OSU Center for Health Sciences
1111 West 17th Street
Tulsa, OK 74107
(800) 799-1972
FAX (918) 561-8411

Student Name (Please Print) ____________________________

Type of Rotation (Service/Specialty) ____________________________

From _________ To _________

*(Two rotations, may be split between sites but must be scheduled back to back)*

ELECTIVES: (7–8)

☐ 6 Electives may be in any clinical area under the direct supervision of a licensed physician.
   *(1 Elective may be research based under the direction of a Ph.D. – plan required)*
   
   ☐ Type: ____________________________

☐ 2 Electives must be in a Primary Care area (no subspecialties, i.e., Cardiology) under the direct supervision of a licensed physician

☐ Family Practice / OMM
☐ General Internal Medicine
☐ OB/GYN
☐ General Pediatrics
☐ Emergency Medicine
☐ Psychiatry

VACATION: (1-2)

☐ Vacation 1
☐ Vacation 2

I will accept the OSU Center for Health Sciences medical student listed above on said dates, for a clerkship experience. I will coordinate and supervise the clinical training program for the student and complete a Performance Evaluation at the conclusion of the student’s rotation. I have read and agree to the "High Risk Exposure Policy & Procedure" outlined on the next page and it is my understanding that the student is covered by professional liability insurance during all college-approved rotations.

PHYSICIAN E-MAIL: (**REQUIRED**) ____________________________

Physician Name: (Please Print) ____________________________

Indicate for CME Credit: ( ) D.O. – AOA # _________   ( ) M.D.

☐ Board Certified: Board ____________________________ Year: _________

☐ Board Eligible: Year of graduation from Residency: _________

Facility Name: ____________________________

Address: ____________________________ City: ____________________________ State: ____ Zip: ____________________________

Phone: ____________________________ FAX: ____________________________

Physician Signature: ____________________________

Hospital Director of Medical Education Signature: ____________________________

* (DME signature (or designee) must be obtained if student is to see patients in a hospital setting) *
Blood borne Pathogen (BBP) EXPOSURE PROCEDURES

(Please refer to the most recent OSHA and CDC guidelines for updated information.)

It is the policy of Oklahoma State University Center for Health Sciences (OSU-CHS) that all students having occupational exposure to blood or other potentially infectious materials will be offered the post-exposure evaluation and follow-up required by OSHA. Should an exposure incident occur, it must be immediately reported to the student's supervising physician, site administration, OSU Safety and the Office of Clinical Education at OSU-CHS.

It is the policy of the College to offer immediate medical evaluation and follow-up to all students who have an exposure incident. This service is provided at no charge to the student. All costs, at Medicare approved rates, for the student will be reimbursed by the College while the site will incur all costs for source patient testing and follow-up. All post-exposure evaluations and follow-ups must remain confidential.

If an exposure incident occurs, the student must identify the source patient, if known. The incident must be documented on the appropriate form located with this policy and be faxed to the Safety Officer at OSU-Health Care Center (OSU-HCC).

The source patient will be contacted for consent and appropriate testing should the HBV/HCV/HIV antibody status be unknown - the site will incur all costs for source patient testing and follow-up. Test results should be reported to Student Health Services at OSU-HCC within 48 hours. If the testing shows the source patient to be positive or if the patient refuses to be tested, refer to the following sections for guidelines.

Post-exposure evaluation should include the following:

1. A blood sample will be drawn and tested as soon as feasible for HBV/HCV/HIV status (baseline HIV, Hepatitis panel ABC).
2. Counseling will be provided.
3. The student will be advised that they are entitled to a medical evaluation in addition to testing for HIV status.
4. If the initial test is seronegative for HIV, retesting will be offered through the OSU-HCC at 3, 6, and 12 months after the incident.

Steps To Take In Case Of An Exposure Incident:
Within the Tulsa Area

1. Provide immediate care to the exposure site (wash it); notify your supervisor and OSU Safety Office, (918)561-8391.
2. Have source blood drawn immediately at the exposure site, have the results forwarded to the OSU Safety, fax (918)561-1261.
3. Have student blood drawn at OSU-HCC, 2345 Southwest Boulevard, Tulsa, OK 74107, (918)582-1980 if the incident occurs between 8am and 5pm M/F. After hours exposures will be sent to OSU Medical Center (OSUMC-ER) (918)599-5373. All follow-up testing will be at OSU-HCC.
4. If post exposure prophylaxis is required have the physician call Drug Warehouse, 6336 East 4th Place, Tulsa, OK 74112, (918)833-5180 and inform the clerk that this prescription is for an OSU Medical Student. Send the bill to OSU-Clinic Financial Services (OSU-CFS) Student Health, 2345 Southwest Boulevard, Tulsa, OK 74107, (918)561-5747 fax

Outside the Tulsa Area

1. Provide immediate care to the exposure site (wash it); notify your supervisor and the OSU Safety Officer at (918)561-8391.
2. Have source blood drawn immediately at the exposure site, have the results forwarded to the OSU Safety, fax (918)561-1261.
3. Student blood will be drawn based on the attending physician recommendations at the exposure site, have the results forwarded to the OSU Safety, fax (918)561-1261.
4. All follow-up testing will be conducted at the exposure site unless you are assigned to the Tulsa area when the next test is required.
5. If post exposure prophylaxis is required have the physician call the nearest pharmacy and inform the clerk that this prescription is for an OSU Medical Student. Send bill to OSU CFS, 2345 Southwest Boulevard, Tulsa, OK 74107, fax (918)561-5747.

Contacts:

Matt Sharpe, Safety Officer  (918) 561-8391 (918)830-1367 cell (918)561-1261 fax
Health Care Clinic  (918) 582-1980
OSU Clinical Education  (918) 561-1232 (800) 799-1972
OSU Clinical Financial Services  (918) 561-5747 fax