

Revised 3/30/17

Student Name: [Click here to enter name.](#)

Update all credentialing forms and return completed checklist by 4/14/17

M4 Credentialing Checklist

Instructions:

- Complete all forms listed below. Forms to completed are available in PACTS. Examples on how to fill out each of the forms are located on WEBcourses in the Student Lounge under credentialing. Follow the examples in these forms in order to ensure that you are able to start your M3 rotations.
- Date each form with a **2017 date**.
- Delete old forms in PACTS if you have to update a form with a new date. If you did not have to make any changes to the form that you completed for your M3 year DO NOT DELETE the form.
- If you are going to a site that is not listed and credentialing documentation is required someone will reach out to you prior to the rotation to complete the necessary forms.
- If you have any questions regarding the form please reach out to Ken Staack.

Affiliation	Requirements	Notes for completion	Completed by student	Verified by coordinator
Nemours Children's Hospital (NCH) 2015-2016	Confidentiality and Use Agreement	Complete all information asked in form. Leave start date blank. Do not completed anything below Nemours Authorization. Sign form. Electronic signatures accepted.	<input type="checkbox"/>	<input type="checkbox"/>
Orlando Health (OH) 2015-2016	CARE Answer Sheet		<input type="checkbox"/>	<input type="checkbox"/>
Osceola Regional Medical Center (OSCRMC) 2015-2016	Application for Medical Student Affiliation	This page is completed by Osceola RMC; however, please add your name next to Applicant Name:	<input type="checkbox"/>	<input type="checkbox"/>

Revised 3/30/17

	Current Office/Personal Information		<input type="checkbox"/>	<input type="checkbox"/>
	Malpractice Insurance History	Malpractice insurance is covered by COM – complete the rest of the questions and sign this page.	<input type="checkbox"/>	<input type="checkbox"/>
	Confidentiality and Security Agreement	Wet signature required and disregard the Employee designation and print, sign with Wet signature and date.	<input type="checkbox"/>	<input type="checkbox"/>
	Student/Preceptor Agreement Updated Badge	Leave Instructor information, rotation, department, days, hours and badge expiration blank.	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Student Delineation of Learning Activities	This form has been updated and should be completed again. Sign delineation form – this will have to be signed by the preceptor before the start of your rotation and returned to the Osceola Regional Medical Center, Medical Education department.	<input type="checkbox"/>	<input type="checkbox"/>
	Copy of Driver's License	Upload copy of driver's license.	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Affairs General (VA) 2015-2016	Mandatory Training for Residents and Students Instructions (MTT)	This is a mandatory yearly requirement. The MTT expires on a yearly basis and it is required by everyone at the VA. If you've never completed the MTT requirement, please follow the instruction in PACTS on how to create a TMS account. If your TMS account has expired, you will be removed from clinical duties until this requirement is completed.	<input type="checkbox"/>	<input type="checkbox"/>

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		<p>If you complete the MTT training now you will be good to go for rotation at the VA through block 10 of 2018.</p> <p>If your account needs to be reactivated, please contact Kim Gilfedder and <u>not the VA</u>. We have a direct contact</p>		
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I enter name certify that I have reviewed all paperwork and that everything is completed to the best of my ability.

Student Signature: Click here to type name. Date Press down arrow enter a date.

Return this completed form to Ken Staack by Friday, 4/14/17.