

APP Student Application

Do not submit your application if the rotation start date is less than 60 days away. All required steps must be completed at least 60 days prior to the start date.

Legal First Name:

Legal Last Name:

Email Address:

Phone Number:

Date of Birth (required for Corewell Health system access):

Social Security Number (required for Corewell Health system access):

What type of student?

I am a Corewell Health employee?

☐ Yes

☐ No

School: .

Expected Graduation: (mm/yyyy)

School Contact:

School Contact Email Address:

School Contact Phone:

Rotation Requests:

Semester	Rotation Requested	Date From	Date To	Hours Needed
1st Semester				
2nd Semester				
3rd Semester				

Preceptors' student is interested in working with:

Any additional information you would like to add?

APP Student Affiliation

To be eligible for rotations coordinated through the Office of Medical Education, students must be enrolled at one of the Corewell Health Lakeland affiliated schools listed below. If your school is not listed, please allow up to 16 weeks for processing.

Andrews University	Bradley University
Capella University	Chamberlain University
Goshen College	Frontier University
Maryville University	Ohio University
Purdue University Global	St. Mary's College
South College	University of Michigan
University of Phoenix	University of Pittsburgh
Wake Forest University	Walden University
Wayne State University	Western Governors University
Western Michigan University	

APP Student Checklist:

- ☐ I understand students must attend a Corewell Health Lakeland affiliated school to be considered for rotations through the Office of Medical Education and that certain rotations are not available to non-Corewell Health employed students.
- ☐ I understand that each specialty has unique application requirements and limitations. Applying does not guarantee approval of the rotation request or placement in my preferred elective.
- ☐ I have attached—or requested from my school—a letter of good standing that verifies my academic status, approval to apply for this rotation, completion of OSHA Bloodborne Pathogen and HIPAA training, and coverage under professional liability insurance.
- ☐ I understand that if I am accepted for a rotation and my school does not verify completion of a background check and drug screening, I will be contacted and required to complete both as part of the on-boarding process.
- ☐ I have attached, or requested from my school, all required documentation, including but not limited to – a certificate of Professional Liability Insurance that provides coverage during my rotation at Corewell Health Lakeland. The policy must include a minimum of \$1 million per occurrence and \$3 million aggregate coverage. (Note: Corewell Health Lakeland does not provide liability insurance for students.)

If accepted for a rotation at Corewell Health Lakeland, the student agrees to the following responsibilities:

- **Housing and Transportation:** The student is responsible for arranging their own housing and transportation.
- **Orientation Requirements:** The student will complete all required institutional and rotation-specific orientations.
- **Goals and Objectives:** The student is responsible for providing their preceptor with the school's defined goals and objectives for the rotation.
- **Identification and Dress Code:** The students will wear both school-issued and hospital-issued ID badges and adhere to the dress code specific to their rotation.
- **Policy Compliance:** The student will follow all Corewell Health policies, as well as those of the specific training site.
- **Professional Conduct:** The student will perform assigned duties to the best of their ability and work all scheduled shifts.
- **Patient Confidentiality:** The student will maintain patient confidentiality in accordance with HIPAA regulations.
- **Evaluation Process:** The student will provide their preceptor with the school's evaluation form and instructions for submission.

Signature of Acceptance:

Date of Signature:

Final Step:

Submit your completed application at least 60 days prior to rotation start date. Please ensure your email is encrypted before sending it to protect sensitive information.

Submit signed application to:

Trisha Blighton

trisha.blighton@corewellhealth.org

All rotation changes or cancellations must be communicated to the Office of Medical Education as soon as possible, and no later than 60 days before rotation start date. Students should not contact preceptors directly regarding changes.