



MEDICAL STUDENT REGISTRATION

Please fill out this form completely and attach all required documentation for submission to the applicable Kaiser Permanente GME Office(s) **at least 60 days prior to the start date of the rotation(s)**.

Has the trainee previously rotated at any Kaiser Permanente Northern California hospital? Yes No
If yes, the following documentation may only be required if rotation occurred in the previous academic year.

REQUIRED DOCUMENTATION

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| <input type="checkbox"/> Photo Identification
<input type="checkbox"/> Student Demographic Information, Medical School
<input type="checkbox"/> Home Program Master Rotation Schedule (if applicable)
<input type="checkbox"/> Letter of Good Standing (if applicable)
<input type="checkbox"/> Proof of Immunizations/Titers and Current PPD Result
<input type="checkbox"/> Confidentiality Agreement (2870)
<input type="checkbox"/> Abuse Reporting Requirements (2860) | <input type="checkbox"/> Elder and Dependent Adult Abuse Reporting Requirements (2950)
<input type="checkbox"/> Guidelines for Standard/Universal Precautions Against Exposure to Bloodborne Pathogens
<input type="checkbox"/> Compliance Training Certificate of Completion (Principles of Responsibility/HIPAA/Safety)
<input type="checkbox"/> Drug-Free Workplace Policy
<input type="checkbox"/> National Social Media Policy |
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DEMOGRAPHIC INFORMATION

Legal First Name:	Middle Name:	Legal Last Name:
Maiden Name:	SSN:	Date of Birth:
Med School Year:	Ethnicity (optional):	Gender:
Home address:		
Email address:		
Home Phone:	Cell Phone:	Pager:
Emergency Contact (name, phone, relationship):		

MEDICAL SCHOOL INFORMATION

Medical School Name:		
City/State/Country:	Start Date:	Expected Graduation Date:

KAISER PERMANENTE NORTHERN CALIFORNIA ROTATIONS

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	KPNC FACILITY	SPECIALTY / ROTATION

REQUIRED SIGNATURE

Student Signature:	Date:
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