



**APPLICATION FOR ELECTIVE, SELECTIVE, OR SUB-INTERNSHIP ROTATION**

\*(This form must be completed for ALL elective clinical rotations, including wellness rotations) \*

**Office of Clinical Education**  
**OSU Center for Health Sciences**  
**1111 West 17<sup>th</sup> Street**  
**Tulsa, OK 74107**  
**(918) 561-8208**  
**(918) 516-0455 FAX**

**Student Name:** \_\_\_\_\_  
**Rotation Service/Specialty:** \_\_\_\_\_  
**Rotation # (1-22):** \_\_\_\_\_  
**Rotation Dates:** \_\_\_\_\_

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) \*

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**For OSU-CHS Office Use ONLY**

**Student Class Year:** \_\_\_\_\_

☐ **Wellness 1**

**Student Advisor:** \_\_\_\_\_

☐ **Wellness 2**

**Student Track (circle one):** Rural | Tribal | Urban | Traditional

**Rotation Type and Number:** Elective # \_\_\_\_\_ | Selective # \_\_\_\_\_ | Sub-Internship # \_\_\_\_\_

\*1 Elective must be in a Primary Care area (no subspecialties, i.e., Cardiology) under the direct supervision of a licensed physician for all Traditional Track students (Family Practice/OMM, General Internal Med, OB/GYN, General Pediatrics, Emergency Med, Psychiatry)

☐ Check here for Primary Care Elective Requirement



## **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 Student should immediately report to the Employee Health Department wherever they are doing the clinical rotation, so that source lab work and student lab work (if it is not possible for the student to come to the healthcare center) can immediately be drawn. It is essential to have this lab work completed prior to the source patient leaving the facility in order to coordinate timely results. The incident must be documented on a Student Injury Report form located 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.
2. Counseling will be provided.
3. Follow-up will be provided by Occupational Health, as needed.

### **Steps To Take In Case Of An Exposure Incident:**

#### **Tulsa Area – Exposure Procedure**

1. Immediately flush/wash, provide care to exposure site.
2. Notify your supervisor and OSU Safety 918-561-8391.
3. Immediately report to Employee Health at your rotation site so source lab can be drawn. Forward results to the OSU-HCC fax 918-561-5847.
4. Student should proceed to have blood drawn at OSU-HCC, 2345 Southwest Blvd., Tulsa, OK 74107, 918-561-1256 if the incident occurs between 8am-5pm, M/F. Afterhours exposures will be sent to OSUMC-ER, 918-599-5373.
5. All follow up testing will be at OSU-HCC coordinated with Student Health Nurse.
6. If post exposure prophylaxis is required have the physician call Walgreens at 717 S. Houston Ave., at 918-585-1957 and inform the clerk that this prescription is for an OSU Medical Student. Send the bill to OSU-CFS Student Health 2345 Southwest Blvd., Tulsa, OK 74107, 918-561-1256. Please take school ID to pharmacy to pick-up your prescription.

#### **Outside Tulsa – Exposure Procedure**

1. Immediately flush/wash, provide care to exposure site.
2. Notify your supervisor and OSU Safety 918-561-8391.
3. Immediately report to Employee Health at your rotation site so source lab can be drawn. Forward results to the OSU-HCC fax 918-561-5847.
4. Employee Health will also draw student blood at rotation site, forward results to OSU-HCC at 918-561-5847. Bill can be sent to 2345 Southwest Blvd Tulsa, OK 74107 for student lab.
5. All follow up testing will be conducted at exposure rotation site unless you are assigned to the Tulsa area when the next lab is required.
6. If post exposure prophylactic medications are 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 Blvd., Tulsa, OK 74107, 918-561-8334.

### **Contacts:**

Patty White, Safety Manager	(918) 561-8391	(918) 561-1261 fax	<a href="mailto:patty.white@okstate.edu">patty.white@okstate.edu</a>
Erika Teel, Occupational Health Nurse	(918) 281-2755	(918) 561-1248 fax	<a href="mailto:erika.teel@okstate.edu">erika.teel@okstate.edu</a>
Dondie Hess, Occupational Health Nurse	(918) 561-1256	(918) 561-1245 fax	<a href="mailto:dondie.hess@okstate.edu">dondie.hess@okstate.edu</a>
OSU Clinical Education	(918) 561-8208	(918) 516-0455 fax	<a href="mailto:clinicaleducation@okstate.edu">clinicaleducation@okstate.edu</a>