

**MARICOPA INTEGRATED HEALTH SYSTEM
POLICY & PROCEDURE**

Effective Date: 1/05

Reviewed Dates:

Revision Dates:

Policy Title: Research Rotation for International Medical Graduates and US Undergraduate and Graduate Students **Policy #:** 12908

Scope: **System-Wide**

Department: Academic Affairs

Signature: _____

Maricela Moffitt, MD, MPH, Director of Academic Affairs

I. POLICY:

- A. This policy applies to individuals who have graduated from an international medical school (who may or may not have completed the USMLE) or US undergraduates or graduate students who are looking for research experience.

- B. The research program may be offered by any department with an ACGME approved residency training program at MIHS.
 - 1. It is the decision of the department chair and program director to offer this program.
 - 2. It is ultimately the decision of the GMEC to approve the individual participants.

- C. Student researchers shall not be permitted to rotate within Maricopa Integrated Health System if they have been:
 - 1. Convicted of a felony and their records have not been expunged;
 - 2. Sanctioned, excluded, or debarred by the federal government from participation in federal healthcare programs; or
 - 3. Convicted of a misdemeanor that involved drugs, alcohol or crimes of moral turpitude that have not been expunged.

II. PROCEDURES:

- A. For Applicant
 - 1. Complete MIHS application with attachments at least 60-90 days before start of desired rotation.
 - 2. Provide verification of:
 - a. TB infection status (PPD or QuantiFERON results) – (if positive, chest radiograph results are required);
 - b. Varicella – (immunity or immunization date);

- c. MMR – (date of last immunization);
- d. Tetanus – (date of last immunization within last ten years);
- e. Hepatitis B;
- f. Personal Health Insurance coverage;
- g. HIPAA Training;
- h. Signed Confidentiality Statement;
- i. Human Subjects Protection Training within the last 2 years; and
- j. New Investigator Training or verification of previous clinical research experience.

3. Complete application.
4. Copies of USMLE scores (if applicable).
5. Obtain approval from a mentor and chair in the sponsoring department committed to sponsoring the student and research project. See application.
6. Contact clinical department student coordinator for availability and fee – (pay directly to department if applicable).

B. For Clinical Department

1. Develop internal policies and procedures for research program including internal criteria for acceptance or denial of applicants, curriculum, and duration of rotation.
2. Submit application for approval to Academic Affairs 60 days prior to GMEC meeting if able to accommodate request.
3. Contact applicant with department/GMEC decision (approved or not approved).
4. Assure that the research student and faculty are aware of the limitations of this rotation.

C. For Academic Affairs

1. Process application upon approval by the clinical department.
2. Place on GMEC agenda.
3. Notify department of approval or disapproval.
4. Check-in student researcher.
 - a. Provide badge request form.
 - b. Collect deposit on badge.
 - c. Provide computer access information and refer for computer training if applicable (Star, ChartMaxx, PACS).
 - d. Obtain signature on confidentiality statement.
5. Check-out student researcher at end of experience.
 - a. Collect badge.
 - b. Return deposit.



**MARICOPA INTEGRATED HEALTH SYSTEM
APPLICATION FOR RESEARCH ROTATION
FOR IMG AND US UNDERGRADUATE AND GRADUATE STUDENTS**

1. Personal Data:

a. Name _____

b. Social Security Number _____

c. Current Address _____

Current Phone (____) _____ Email _____

d. Permanent Address _____

e. Emergency Address _____

Emergency Phone (____) _____ Pager (____) _____

2. Education

a. Undergraduate _____
City/State _____

b. Graduate _____
City/State _____

c. Medical _____
City/State _____

b. Expected date of Graduation _____

c. If international medical graduate

1. USMLE Scores #1 _____ #2 _____ #3 _____

2. Clinical Skills Exam Passed _____ Yes _____ No _____ Scheduled

3. Department _____

4. Faculty Sponsor _____

5. Duration _____ (determined by sponsoring department policy)

Dates: 1st _____ 2nd _____ 3rd _____ choice

6. Please answer the following questions:

- Have you ever been convicted of a felony? No Yes
 - If yes, has the felony conviction been expunged? No Yes
- Have you ever been sanctioned, excluded, or debarred by the federal government from participation in healthcare programs? No Yes
- Have you ever been convicted of a misdemeanor that involved drugs, alcohol related offenses, or crimes of moral turpitude? No Yes
 - If yes, has the misdemeanor conviction been expunged? No Yes
- If you have answered yes to any of the above three questions, please explain

7. Procedure for completing application:

Return completed application and required materials (see enclosed policy) to:

Maricopa Integrated Health System
Department of _____
2601 E. Roosevelt
Phoenix, AZ 85008

Applicant's Signature

Date

Faculty Sponsor's Signature

Date

OFFICE USE ONLY

Department: _____

Department Approved Dates: _____

Department Approval: _____
Program Director Signature

GMEC Approval Date _____