

RESEARCH ROTATION REQUIRED DOCUMENTATION

Documentation Required From Student

- _____ Signed Application
- _____ Department Approval
- _____ Faculty Sponsor
- _____ Verification of HIPAA Training
- _____ Verification of Human Subjects Protection Training within last 2 years
- _____ Verification of New Investigator Training or previous clinical research experience
- _____ Proof of Personal Health Insurance coverage
- _____ Signed Confidentiality Form
- _____ Copy of School ID, Passport or State Issued ID Card
- _____ USMLE /COMLEX/ECFMG (if available)

Required Proof of Immunization

- _____ MMR
- _____ Hepatitis B
- _____ Varicella (Chicken Pox)
- _____ Tetanus (Td) _____ Date of Immunization (must be within 10 years)
- _____ TB (PPD or QuantiFERON) (+/-) _____ Date of Immunization
must be within 1 year
(if positive, chest x-ray results)