Orthopaedic Associates of MICHIGAN

OAM SURGERYCenter at MidTowne

Education Application

Name: ______________________________ Date: ____________________

Phone: ____________________ Email: ______________________________

Date of birth: ______________________ Last 4 digits of SSN: ______________

Emergency Contact Name: ______________________________________

Phone: ____________________ Relationship to you: ____________________

Your School: ____

Are you currently seeking a postsecondary degree? ____ Yes ____ No

(if yes, specify degree & major: ______________________________________)

Education experience you are requesting:

____ Medical/Nursing/PA School Rotation (specify specialty or provider): ______________

____

____ Job Shadowing (specify specialty or provider): ______________________________

____ Other: ____

All clinical experience dates must be arranged and approved by a provider at OAM.

Dates requesting for clinical experience at OAM:

____

Dates requesting for clinical experience at the OAM Surgical Center at Midtowne:

____

I understand that should I need medical attention during or as a result of this clinical experience, I assume full responsibility for any treatments and associated medical costs deemed necessary. I release Orthopaedic Associates of Michigan from all liability.

I understand that all healthcare information, patient care and records are a confidential matter. I agree that all information exchanged while I am observing will be held in strictest confidence.

Signature: ____

Email completed form to rei@oamichigan.com or fax to 616-956-1361.

Orthopaedic Associates of MICHIGAN

SURGERY Center at MidTowne

The following will be required of all individuals prior to observation:

OAM Clinics

- Copy of the front of your Driver's License or valid ID
- Signed Confidentiality Agreement (will be provided)
- Copy of flu vaccination record for current influenza season (October-April)
- Copy of TB testing results less than 1 year old
- Copy of Covid-19 vaccination record/note declination
- Completed Employee ESO and EHO handbook quizzes (will be provided)

OAM Surgery Center at MidTowne

- Copy of the front of your Driver's License or valid ID
- Signed HIPAA form (will be provided)
- Copy of flu vaccination record for current influenza season (October-April)