



Rotation Learning Contract

I, _____ (hereinafter referred to as “Student”) wish to apply to All Children’s Hospital, Inc. (hereinafter referred to as “Hospital”) to participate in a clinical elective experience at Hospital. As a condition of participating, I agree to honor the following terms and conditions:

1. I shall comply with the supervision and directions of Hospital personnel and medical staff members at all times.
2. I pledge that I will honor my declared intentions to rotate at ACH-JHM during the agreed upon period. I understand that failure to inform the ACH OME office of scheduling changes due to extenuating circumstances before 60 days will result in potential loss of priority for the rotation.
3. I will participate in the Hospital’s orientation programs and familiarize myself with applicable Hospital policies and procedures, and I will comply with them at all times.
4. I will provide required immunization records to the Hospital prior to beginning my rotation. If I experience signs or symptoms of illness, I will immediately notify my preceptor.
5. I will provide a copy of my medical insurance card as evidence of current health insurance coverage.
6. I will maintain patient confidentiality at all times within and outside of Hospital premises.
7. I acknowledge that the Hospital is allowing me to participate for my educational benefit. Therefore, I agree to hold the Hospital, its employees, officers and directors harmless from and against any and all liability, cost, damage or injuries, including reasonable attorney fees, occasioned by any claim arising out of or related to my acts or omissions while participating in observational experiences pursuant to this Agreement.
8. I understand and agree that my educational rotation can be terminated by the Hospital at any time for breaches of this agreement or Hospital policies (viewable at <http://beach.allkids.org>) including but not limited to lack of professionalism with no prior notice to me.
9. I understand and agree that my participation in a rotation at the Hospital does not create any employment or other similar relationship between me and the Hospital and that I will not be entitled to any compensation or employee benefits or to worker’s compensation in the event of any injury occurring on the premises of the Hospital.
10. I pledge that at this time I am in good academic standing at my home institution .
11. I understand that ACH-JHM will perform a criminal background check.
12. I will read, sign and uphold the ACH-JHM honor code.

Dated this _____ day of _____

All Children's Hospital Johns Hopkins Medicine

Signature

Director of Medical Education Signature

Printed Name

Revised 4/25/12