



Protocol for the Nurse Practitioner Program

Student should contact school representative regarding their request to come to Cleveland Clinic Florida to do their rotation

School representative will contact Marta Gonzalez-Kanfer, Student Affiliations Coordinator at 954-689-5384 or email gonzalm4@ccf.org to make the request and include the following:

Name of student

Dates of rotation

Area of specialty requested

Letter of good standing giving some academic background on the student

Student's CV and a short Bio

Marta Gonzalez-Kanfer will contact the physician or nurse practitioner to get approval on the rotation request; once response is given by the physician or nurse practitioner, school representative will be contacted

School representative will be responsible for advising and providing the student with Cleveland Clinic's requirements:

Health & Background Screening Attestation (school's responsibility to provide to Cleveland Clinic before student presents for rotation)

Statement of Confidentiality and Statement of Responsibility

Viewing of HIPAA video and Reviewing of Student Manual

HIPAA & Student Manual Attestation

Badge form

IC Flu Vaccine 2009-2010 Initiative and Code of Conduct with attestation

All above forms provided to school representative

Copy of General Liability Insurance certificate (1 million each Occurrence, 3 million Aggregate) for student

Once student is informed and provided all the requirements, have student call Marta Gonzalez-Kanfer 954-689-5384 or email gonzalm4@ccf.org to schedule a day for orientation

Any questions please contact Marta Gonzalez-Kanfer at 954-689-5384 or gonzalm4@ccf.org