



# NORTON SOUND HEALTH CORPORATION

P.O. Box 966  
Nome, Alaska 99762  
Medical Staff Office  
Rotation  
Program  
Director  
Marc Levin, MD Email  
address  
mlevin@nshcorp.org

## Request For Resident/Student Rotation

Thank you for your interest in applying for a Medical Resident/Student Rotation. Residents/Students will learn first-hand about the communities, cultures and unique challenges of healthcare in Alaska at our tribally owned and operated facilities. Each rotation offers a beautiful Alaska setting, friendly supportive staff and a challenging, unique practice that provides a multitude of learning experiences.

To help assure a positive learning experience, a careful coordination of assignments is required. It is our sincere hope that through this program you will find a future employment opportunity and join us in serving Alaska Natives and American Indians to provide the highest quality healthcare services to our people.

### We currently accept requests for 4, 6, or 8 week rotations from:

- 2<sup>nd</sup> & 3<sup>rd</sup> Year Residents
- 3<sup>rd</sup> & 4<sup>th</sup> Year Medical Students
- Physician Assistant Students
- Nurse Practitioner Students

To be eligible you must not be on probation or have any restrictions on your license.

### How to Apply:

Complete the attached request for rotation, include the following and mail, e-mail, or fax to the NSHC Medical Staff office to the addresses at the top of this page. All information must be complete to be considered:

- Letter from your program stating you are in “Good Standing”
- Current Curriculum Vitae or Resume
- Please check with your program to see if they need an agreement for you to do a rotation.

When Approved the following are needed.

- If your program needs an agreement with NSHC for you to do a rotation, this will have to be started right away.
- Two peer References
- Malpractice Insurance
- Government ID
- Immunization records
- Background check, ideally within 30 days of the start of your rotation. If you are unable to obtain this from your home institution, we will do it onsite here once you arrive.

## Housing & Travel:

Housing will be provided for Residents, Medical students, Physician Assistants, and Nurse Practitioner students.

Travel funding is only for 3<sup>rd</sup> & 4<sup>th</sup> Year Residents. All travel will be done by the NSHC administration. If you buy a ticket without prior authorization the site will not reimburse you.

Norton Sound Health Corporation  
 P.O. Box 966  
 Nome, Alaska 99762  
 Rotation Program Director  
 Marc Levin, MD  
 Email address: mlevin@nshcorp.org

Personal Information:			
Last Name	First Name	Middle Name or Middle Initial	Professional Degree
Date of Application	Resident Med Student PA Student NP Student BH Student Please Specify: (PhD, MS, MSW) _____	Education Year for rotation: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	
Address		City/State/Zip	
Work Phone Number	Work Fax Number	Home Phone Number	
Date of Birth	Citizenship	E-mail address	
How did you hear about this opportunity?			

Rotation Request:			
Type of Rotation Required:	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Either
List Three Date Ranges (in order of preference)	Required Specialty	List 3 Dates – 4 / 6 / 8 Weeks Beginning	
1.			
2.			
3.			
Are you Native American or Alaskan Native? (We give preference as required by law to NA & AN)	Yes	No	
Are you a current or former Alaska resident?	Yes	No	
Are you an Indian Health Service Scholar or Oblige?	Yes	No	
Are you a National Health Service Corps Scholar?	Yes	No	
Will you fund your own travel or do you have alternate resources for travel funding?	Yes	No	
If travel funding were not available from the site are you still interested in a rotation?	Yes	No	Maybe
Do your future plans include working for the Alaska Tribal Health System?	Yes	No	Maybe

College or Medical School:			
Name of Institution		Start Date	Finish Date
Complete Address			
Phone Number	Fax Number	E-Mail Address	Specialty Pursuing in Residency
Residency Program (if applicable):			
Name of Institution		Start Date	Finish Date
Complete Address (City, State, Zip Code)			
Phone Number	Fax Number	E-Mail Address	
Your Program Director		Type of Training/Specialty/Major	

**Your application will not be considered until all the necessary documents are received.**

I certify that the information provided that is attached to this application is accurate. I understand that misrepresentation, misstatement, or omission from this application will cause rejection or revocation of this application and denial or revocation of privileges and/or rotation/practicum. I agree to abide by the Medical Staff Bylaws, Practicum rules and regulations and policies of the institution to which I may be assigned and agree that they will bind my activities as a Resident/Student, accepted for a rotation/practicum at the facility. I understand that I may request a copy of the Medical bylaws and Practicum rules.

\_\_\_\_\_  
Signature (Stamped or representative signatures unacceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**\*Medical Resident License: All residents are required to have a current Alaska State Residency license. \*\*Do NOT apply for a license until you have been accepted for a rotation. *It will take approximately two (2) months to obtain your resident license. It is your responsibility to obtain a license in a timely manner and prior to the beginning of your rotation.***