

LAFAYETTE GENERAL MEDICAL CENTER, INC.

1214 Coolidge Blvd.

P. O. Box 52009

Lafayette, Louisiana 70505

APPLICATION FOR MEDICAL STUDENTS, RESIDENT-IN-TRAINING, OR FELLOW-IN-TRAINING

I hereby request application as indicated below:

(CHECK ALL APPLICABLE):

___ LAFAYETTE GENERAL MEDICAL CENTER

- Medical Student **Dates of training:** From _____ To _____
- Resident in Training **Dates of training:** From _____ To _____
- Fellow in Training **Dates of training:** From _____ To _____

If more space is needed, attach additional sheets and make reference to the question being answered.

I. PERSONAL IDENTIFICATION DATA

A

Name in Full _____ Date of Application _____

Residence Address _____ Residence Telephone _____
(Include city, state, and zip code)

Birthdate _____ Birthplace _____ Citizenship _____

Citizenship _____ Social Security No. _____
(If not a citizen of the U.S., please indicate the status of your visa at the present time.)

B

License/Certificate

Registration for practice of: _____

1. State: _____ License/Registration/Certificate No. _____ Issued _____
Received by: Reciprocity _____ Examination _____
2. State: _____ License/Registration/Certificate No. _____ Issued _____
Received by: Reciprocity _____ Examination _____

C

Intended supervisor(s) in the hospital: _____

ATTACH COPY OF CURRENT LICENSE OR CERTIFICATE TO THIS APPLICATION

Have any disciplinary actions been taken or are any pending against you by any State Board of Medical Examiners? YES _____ NO _____ NOT APPLICABLE _____

Any State certifying or licensing agency? YES _____ NO _____

Has your license to practice in any state ever been limited, suspended, or revoked? YES _____ NO _____

Has your certificate, registration or approval to practice in any state ever been limited, suspended or revoked?
YES _____ NO _____

If any of your answers have been "yes," please describe each instance in FULL DETAIL on a separate sheet and attach.

II. SCOPE OF PRACTICE REQUESTED/MANNER IN WHICH MEDICAL STAFF MEMBER-FACULTY INTENDS TO SUPERVISE MEDICAL STUDENT/RESIDENT/FELLOW

See attached Appendix A – Duties of Residents, Fellows & Students and Appendix C – Contracting Entity Obligations.

III. HEALTH STATUS

Do you have a physical or mental condition, which could affect your ability to exercise the scope of practice requested, or would require an accommodation in order for you to exercise the scope of practice requested safely and competently? YES _____ NO _____ (If yes, please attach an explanation.)

Regardless of how this question is answered, the application will be processed in the usual manner. If you have answered this question affirmatively and are found to be professionally qualified for the scope of practice requested, you will be given an opportunity to meet with the appropriate body to determine what accommodations are necessary or feasible to allow you to practice safely.

Please indicate entities which apply:

____ LAFAYETTE GENERAL MEDICAL CENTER

IV. SPECIFIC CONSENT TO CONDITIONS OF CONSIDERATION FOR PERMISSION TO PRACTICE

I, the undersigned hereby apply for permission to practice as requested above, and I, the undersigned hereby apply to engage in said scope of practice at the hospital. The undersigned are willing to make ourselves available for interviews in regard to this application.

The undersigned understand that we have the burden of producing adequate information for proper evaluation of this application and the failure to produce this information will prevent the application from being evaluated and acted upon.

Information given in or attached to this application is accurate and fairly represents the current level of the applicant's training, experience, capability and competence to practice within the scope requested. The undersigned fully understand and agree as a condition to making this application that any significant misrepresentation, misstatement in, or omission from this application, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application. In the event that the approval to practice in this hospital has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in summary revocation of any such approval.

Pursuant to this application, the undersigned expressly accept the following conditions during the processing and consideration of my application, regardless of whether or not this request is granted:

- (a) To the fullest extent permissible by law, we extend absolute immunity to, and release from, any and all liability, the hospital, and its authorized representatives and any third party, as defined in subsection (c) below, for any acts, communications, reports, records, statements, documents, recommendations or disclosures involving us, performed, made, requested or received by this hospital and its authorized representatives to, from, or by any third party, in good faith, including otherwise privileged or confidential information, relating, but not limited to, the following:
- (1) applications for appointment or permission to practice;
 - (2) periodic reappraisals undertaken from time to time or for increase or decrease in scope of practice;
 - (3) proceedings for suspension or reduction of scope of practice or any other disciplinary sanction;
 - (4) summary suspensions;
 - (5) hearings and appellate reviews, if applicable;
 - (6) medical care evaluation;
 - (7) utilization reviews;
 - (8) other hospital, medical staff, department, service or committee activities relating to the quality of patient care rendered by me or my professional conduct;
 - (9) matters or inquiries concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior;
or
 - (10) any other matter that might directly or indirectly have an effect on my competence, on patient care or on the orderly operation of this or any other hospital or health care facility.

The foregoing acts, communications, reports, records, statements, documents, recommendations and disclosures, shall be privileged to the fullest extent permitted by law. Such privilege shall extend to the hospital and its authorized representatives, and to any third parties.

- (b) We specifically authorize the hospital(s) as indicated above, and authorized representative(s) to consult with any third party who may have information bearing on the professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter of or relating to the Medical Student/Fellow/Resident, as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be material to such questions. We also specifically authorize said third parties to release said information to the hospital(s) and authorized representative(s) upon request.
- (c) The term “hospital(s) and authorized representative(s)” means the hospital corporation, the members of its Board and their appointed representatives, the Chief Executive Officer or his designees, other hospital employees, consultants to the hospital, the hospital’s attorney and his partners, associates or designees, and all appointees to the medical staff who have any responsibility for obtaining or evaluating the Medical Student’s/Fellow’s/Resident’s credentials, or acting upon this application or conduct in the hospital. The term “third parties” means all individuals, or acting upon this application or conduct in the hospital. The term “third parties” means all individuals, including appointees to the hospital’s medical staff, and appointees to the medical staffs of other hospitals or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested to the hospital or its authorized representatives or who have requested such information from the hospital and its authorized representatives.

The undersigned acknowledge that the opportunity to practice as a Medical Student/Fellow/Resident is not a right of every licensed professional who makes application; that this request will be evaluated in accordance with prescribed procedure as defined in the hospital and medical staff bylaws, rules and regulations, as applicable, that all recommendations relative to this application are subject to the ultimate action of the hospital Board whose decision shall be final; and that initial association with the hospital shall be provisional. Continual practice at the hospital as a Medical Student/Fellow/Resident remains contingent upon continued demonstration of professional competence and cooperation, general support of the hospital, as evidenced by treatment and continuous care and supervision of patients and acceptable performance of all responsibilities related thereto by the Medical Student/Fellow/Resident as well as the other factors deemed relevant by the hospital, and shall be granted only on formal application, according to hospital and medical staff bylaws, rules and regulations, upon final approval of the hospital Board.

We have received and had an opportunity to read the bylaws of the hospital(s) and such hospital policies and directives as are applicable and we specifically agree to abide by all such bylaws, policies, directives and rules and regulations as are in force from time to time during the time the Medical Student/Fellow/Resident is permitted to practice.

Date

Signature of Applicant

Scope of Practice Medical Students

As per Affiliation Agreement (Appendix A, p. 6), Medical Students will have patient care duties that are appropriate to their level of training. Medical Students rotating at LGMC will have the following specific duties:

1. Medical Students must complete a credentials application packet to be permitted to practice at LGMC. Medical Students may not rotate at LGMC without the credentials documentation and approval granted prior to the start of the rotation.
2. Medical Students may perform History and Physical exams, but these do not substitute for the attending physician History and Physical.
3. Medical Students may assist with procedures under the direct supervision of a physician member of the LGMC Medical Staff who is appropriately credentialed in the procedure. The supervising physician determines whether or not the extent of their assistance is appropriate to their level of training.
4. The Medical Student may write Progress Notes in the patient chart that are clearly identified as a student note, and which are kept separate from the remainder of the patient's record.
5. The Medical Student cannot write orders without co-signature from the attending physician. Orders written by Medical Students must be clearly identified as having been written by a Medical Student. Orders may not be taken off until appropriately co-signed by the attending physician. The attending physician must review and countersign the orders within 24 hours.
6. Patients designated as "non-teaching" can only be seen with the permission of the attending physician.
7. Medical Students are expected to behave in a professional, courteous manner at all times with all attending and staff. Any grievances by Medical Students or the staff are to be addressed to the Chief of Medicine or Program Director at UMC, as appropriate.

Duties of Resident(s), Fellow(s), and Students

University agrees to assign to Affiliating Entity the following number of Resident(s), Fellow(s) physicians from the programs as follows:

All residents engaged in the program, will have the following specific duties:

1. Residents must complete a credentials application packet to be permitted to practice at LGMC. Residents cannot rotate at LGMC without the credentials documentation and approval granted prior to the start of the rotation.
2. The Resident may evaluate patients at the time of admit or consultation. A history and physical examination report shall be documented. The attending physician must approve and countersign the report within 24 hours.
3. The Resident may make rounds before/with attending physician and write daily progress notes.
4. The Resident may perform the discharge summary at the time of discharge, which must be reviewed and signed by the attending physician.
5. The Resident may give written/verbal orders independently. The attending physician must review and countersign the orders within 24 hours.
6. Invasive procedures may be performed only under the direct supervision of a member of the medical staff who is appropriately credentialed in the procedure, except in dire emergencies.
7. Patients designated as “non-teaching” can only be seen with the permission of the attending physician. Patient care is provided to such patients by residents only in dire life-threatening emergencies.
8. Residents are expected to behave in a very professional, courteous manner at all times with all attending and staff. Any grievances by residents or the staff are to be addressed to the Chief of Medicine, Program Director, or Chief Resident at UMC, as appropriate.

06/29/2006

Contracting Entity Obligations

It is agreed and understood by all parties that Contracting Entity's primary purpose is to provide quality health care service for its patients, clients and residents, and that this consideration be paramount at all times.

Subject to the foregoing considerations, Contracting Entity has the following obligations:

1. Provide site for resident's rotation under the supervision of Active Medical Staff members who hold current LSU Faculty appointment.
2. Permit the Residents to participate in those available and appropriate practice fields within the Affiliation Entity, as well as permit the Residents to attend applicable and appropriate lectures when and as might be scheduled.
3. Permit the use of Affiliating Entity's educational facilities as appropriate, subject to previous arrangements.
4. Affiliating Entity shall reserve the right not to provide lab coats and scrubs for the use of each Resident, Fellow, and/or Student assigned to Affiliating Entity.
5. Affiliating Entity shall reserve the right to request the University to withdraw a Resident from the assigned clinical education experience when his/her clinical performance is unsatisfactory and his/her behavior is disruptive or detrimental to the Affiliating Entity and/or patients.