



**AUTHORIZATION FOR SHORT-TERM ROTATION TO UCDHS (PCS)
 WHERE NO TRAINING AGREEMENT EXISTS**

Student Name: (First)	(Last)	(Middle)
Course Title:	Social Security No.:	
Academic Institution:	Degree sought (BSN, MSN, PhD):	
Sponsoring Department at UCDHS :		
Rotation Start Date:	Rotation End Date:	
License Number (if applicable):	Expiration Date:	
Health Clearance Documentation (documents kept by CPPN)	Signed Confidentiality Agreement: [agreement kept by Center for Professional Practice of Nursing (CPPN) ("CNE)]	
Training Institution: UC Davis (UCDHS)	Anticipated Graduation Date (mm/dd/yyyy):	

- UCDHS has reviewed the credentials of the Student and has accepted her/him for an elective rotation. The privileges to be granted to the Student are listed in course descriptions and PCS Student Affiliation Requirements Policy 2610, which will be provided to the Student by CPPN and/or the Nursing School/Training Institution.
- Academic Institution and the Student shall assure all documentation requested in PCS Policy 2610 is provided as directed and shall comply with all requirements listed therein, as applicable.
- **Academic Institution warrants no disciplinary actions have been taken or are pending against the Student and the Student has not been involved in any claims, actions or formal complaints related to patient care.**
- The Student shall perform the duties and responsibilities listed in the Student Skill Set/Handbook and PCS Policy 2610. During the rotation, the Student shall comply with UCDHS policies and procedures.
- Academic Institution or the Student shall provide professional liability coverage applicable during the rotation and shall provide evidence of coverage to UCDHS before the rotation begins.
- UCDHS and Academic Institution each agree to defend, indemnify and hold each other and each other's respective officers, agents, and employees, harmless from and against any and all claims liability, loss, expense, including reasonable attorneys' fees, or claims for injury or damages arising out of the performance of the rotation, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying party, its officers, agents, or employees.
- Student shall register with the UCDHS CPPN office prior to reporting to the clinical service.
- During the rotation, the Student shall be considered neither a student nor employee of UCDHS.
- Upon completion of this rotation, if not a UCDMC employee, the Student shall return UCDMC photo-ID badge, University keys, and any other University property loaned to the Student during the rotation.

APPROVED AND AGREED

UCDHS (Training Institution)	Academic Institution
_____ Signature Manager/Director – Sponsoring Department, Training Institution Date:	_____ Rotating Student's Signature Email Address: Date:
_____ Nurse Educator, Center for Professional Practice of Nursing Authorized Official, Training Institution Date:	_____ Signature Title: Authorized Official, Academic Institution Date:
Form completed by:	Telephone: