Saint Alphonsus

CERTIFIED NURSE MIDWIFE (CNM) STUDENT

ROTATION FORM

I. DEMOGRAPHICS – Please Print Clearly

Last Name, First Name of Student:		**Last 4 digits of Social Security Number:**
Previously Employed by Saint Alphonsus: (check one) Yes ☐ No ☐		**If yes, include dates of employment:**
Anticipated Graduation Date, Month and Year:	**Professional Degree Enrolled In:**	**Name of Professional School:**

II. CNM STUDENT SCOPE OF PRACTICE

I hereby certify that I agree to perform the following duties only under the direct supervision of a supervising provider (Certified Nurse Midwife) currently on the medical staff at a Saint Alphonsus Health System (SAHS) facility:

SCOPE OF ACTIVITIES:

- **Participate in and be responsible for the direct care of patients under the supervision of the Supervising Provider;**
- **Perform and discuss the History and Physical under the supervision of the Supervising Provider;**
- **Create orders, including medication, admit and discharge orders, in the electronic medical record under the supervision of the Supervising Provider with countersignature prior to implantation;**
- **Write progress notes, labor and delivery notes, and discharge summaries countersigned by the Supervising Provider;**
- **Participate in antepartum, intrapartum and postpartum care under the supervision of the Supervising Provider;**
- **Participate in newborn care under supervision of the Supervising Provider;**
- **Participate in gynecologic and primary care under the supervision of the Supervising Provider.**
- **At the discretion and determination of the Supervising Provider, assist in Cesarian Sections.**

III. ACKNOWLEDGEMENT

I hereby agree to observe and abide by the terms of the Educational Affiliation Agreement, bylaws, policies and procedures, and rules and regulations of Saint Alphonsus Regional Health System and Medical Staff.

Dates of Rotation:	**Please Print - Supervising Provider Name / Department:**
Student Signature / Date:	**Supervising Provider's Signature / Date:**