Saint Alphonsus

MEDICAL CLERKSHIP ROTATION FORM
(Medical, NP, PA Students)

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 & Year:	**Professional Degree Enrolled In:**	**Name of Professional School:**

II. GRADUATE STUDENT SCOPE OF PRACTICE

I hereby certify that I agree to perform the following duties only under the direct supervision of a supervising provider (MD/DO, NP, PA) 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 implementation;**
- **Write progress notes co-signed by the Supervising Physician;**
- **Dictate discharge summary countersigned by the Attending Physician;**
- **At the discretion and determination of the Attending Surgeon, assist in surgical procedures.**

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 - required / Date:**

1055 North Curtis Road
Boise, ID 83706-1309
Medical and APP Students

Updated 3.25.2026