

**PARTICIPATION AGREEMENT FOR NOT-FOR-CREDIT EXPERIENCES**

During medical school, students may choose to engage in off-campus, non-credit experiences (i.e. shadowing, research, etc.) to help enhance their clinical skills or competitiveness for residency placement. **IMPORTANT TO NOTE:** *Students will not receive a grade for this experience but are encouraged to get feedback for this activity from their preceptor. Feedback will not be graded or reflected on the student's medical school transcript.*

These experiences must:

- be at the direction of and approved by College of Medicine, Student Affairs
- be of educational merit
- be hosted by a physician/principal investigator who has agreed to supervise the student by abiding by the NEOMED Not-for-Credit Guidelines (see pg. 4).

**STUDENT NAME**

**STUDENT EMAIL**

**EXPERIENCE CATEGORY** (*Research, Clinical Experience, etc.*)

**SPONSORING INSTITUTION**

**CITY, STATE, ZIP**

**START DATE - END DATE**

**TYPE OF EXPERIENCE** (*Paid, Non-Paid, Stipend, etc.*)\*

*\*If you are participating in a paid experience, employed by a third party and/or receiving a W-2, the university will not be able to offer medical mal-practice coverage. It is the expectation that the third party will be providing coverage.*

*Include coordinator information if applicable*

**COORDINATOR NAME**

**COORDINATOR PHONE**

**COORDINATOR EMAIL**

**SUPERVISOR NAME** *(Physician, Principal Investigator)*

**SUPERVISOR EMAIL** *(Physician, Principal Investigator)*

**SUPERVISOR PHONE** *(Physician, Principal Investigator)*

**BRIEF DESCRIPTION OF EXPERIENCE \*\***

**LEARNING ACTIVITIES \*\***

**OBJECTIVES**  
*How will this experience enhance your clinical skills and/or residency competitiveness?*

**EXPECTED HOURS OF WORK/WEEK**

**\*\*Throughout your experience, if additional activities are added in addition to those you have listed above, your participation agreement will need to be amended and re-approved by NEOMED College of Medicine and your supervising physician/PI.**

## **SUPERVISING PHYSICIAN/PRINCIPAL INVESTIGATOR APPROVAL**

*This section needs to be completed by the supervising physician/principal investigator.*

I have read through and fully understand the NEOMED Not-for-Credit Guidelines provided on pg.4.

I have notified the Medical Education Department or Sponsoring Department at my institution informing them of this experience.

### **SUPERVISING PHYSICIAN/PRINCIPAL INVESTIGATOR SIGNATURE**

*My signature indicates that I attest that these credentials are accurate and that I am practicing within the scope of my license or certificate, as required in NEOMED Clinical Supervision Policy 3349-AC-408 and NEOMED's policy on Teacher-Learner Expectations. I also agree to host the above-named NEOMED student in either my clinical setting or lab for the duration of time aforementioned. My signature also indicates that reasonable measures have been taken to ensure, to the best of my ability, a safe, respectful, and trusting environment for the student.*

## **STUDENT CONSENT AND SIGNATURE**

*This section needs to be completed by the student engaging in the aforementioned experience.*

*Please sign off on the following requirements if applicable to your experience:*

I have completed the required CITI training in order to participate in this experience and have emailed a copy of my certification to hstanger@neomed.edu.

My experience has been IRB approved.

### **IRB SPONSORING INSTITUTION**

### **IRB NUMBER**

### **STUDENT SIGNATURE**

*My signature indicates that I will represent NEOMED in a professional manner throughout the duration of my experience and will abide by the "Expectations of Student Conduct and Professional Commitment" outlined in the NEOMED Honor Code. Additionally, I will adhere to all NEOMED policies including the attire policy as sites may impose additional attire requirements for safety reasons.*

## **NEOMED STUDENT SERVICES APPROVAL**

*This section needs to be completed by NEOMED Student Services. By checking the below boxes, you approve this student has the following requirements on file and is currently in good academic standing at NEOMED.*

Student is in Good Standing

Proof of HIPAA Training

Proof of ALL Immunizations

Criminal Background Check

Drug test

**NEOMED REGISTRAR/STUDENT SERVICES DESIGNEE SIGNATURE**

## **FINAL NEOMED APPROVAL**

**ASSOCIATE DEAN FOR STUDENT AFFAIRS/DESIGNEE SIGNATURE**

*Please return form to Harmony Stanger, COM Student Affairs R-158 or at [hstanger@neomed.edu](mailto:hstanger@neomed.edu)*

## **NEOMED NOT-FOR-CREDIT GUIDELINES**

**M1/M2 Supervised Clinical Experiences:** NEOMED and its affiliated hospitals are committed to supporting opportunities for medical students to explore specialty options, however, patient safety and confidentiality are of the highest priority. It is also important to note that not-for-credit activities may not be covered by NEOMED's student malpractice insurance policy, so it is extremely imperative that you complete this form to determine whether coverage will apply to your activities.

Supervised clinical experiences are not meant to be formal educational experiences (i.e. rotations or sub-internships) and thus are considered outside of the curriculum for credit and program of study requirement(s) purposes. Every hospital has their own policies and procedures regarding the legality of supervised clinical experiences, and many hospitals are citing issues related to patient safety and confidentiality as the impetus for fewer of these types of opportunities. So while some hospitals may prohibit it, others may be fine as long as students fulfill their requirements. Sometimes physicians are not fully aware of their hospitals' policies, so it's not enough to simply ask physicians if they will allow these types of supervised clinical experiences. It's important that you also check with the medical education or human resources department to get information about each hospital's policy on supervised clinical experiences for medical students.

**M3/M4 Supervised Clinical Experiences:** M4 students: Can actively participate in clinical, hands-on experiences with written approval from all individuals involved in this experience. M3 students: The Medical Education Departments at NEOMED affiliated sites have asked that M3 students **DO NOT** participate in these types of supervised clinical experiences during rotations. If you have specific questions regarding this policy, please reach out to Dr. Sue Nofziger, Director of M3 Clinical Experiences ([snofziger@neomed.edu](mailto:snofziger@neomed.edu)).

*Revised 7/8/2022*