



Physician Sponsored Student Application

Please complete and email signed application and a copy of your training transcript to physiciansponsoredst@baycare.org.
Incomplete applications will not be processed.

Date

Required Fields

Applicant Information

Last Name First Name M.I.

Street Address Apartment/Unit#

City State Zip Code

Phone Number Email

Rotation Start Date Rotation End Date Your NE Number: NE

Are you a current BayCare team member? Is this your First Rotation with BayCare?

Did you obtain a Physician Sponsor? Did you complete the required training?

Did you export your Training Transcript to submit with the application? Does your school have a current Affiliation Agreement? (Verify w/school or call 727-519-1300.)

School Information

School Name

School Contact's First Name School Contact's Last Name

Phone Number Email

Student Type

What is your Student Type? MS/PG Year

Facility Location(s) - Select all that apply

- Bartow Regional Medical Center
- Mease Countryside
- Mease Dunedin
- Morton Plant
- Morton Plant North Bay
- North Bay Recovery Center
- South Florida Baptist
- St. Anthony's
- St. Joseph's
- St. Joseph's - Children's
- St. Joseph's - North
- St. Joseph's - South
- St. Joseph's - Women's
- St. Joseph's Behavioral Health
- Winter Haven
- Winter Haven Behavioral Health
- Bardmoor Ambulatory SurgeryCenter
- BayCare-Trinity
- Carillon Center
- Physician Ambulatory Surgery Center
- BayCare Medical Group
- Urgent Care Center

Physician (MD or DO) Sponsor

Physician's Name

By signing, I certify I am an active member of the medical staff and in good standing. I am accountable for the care, treatment and services provided by this student during their approved rotation. It is the responsibility of the physician sponsor to notify his or her insurance carrier. I or my designee will complete any required rotation evaluations.

Physician's Signature: _____ Date: _____

For Office Use Only

Physician Signature Training Completion Verified

Sent to Facility Representative: Name: _____ Date: _____

Student Provisioned

Student emailed approval, welcome letter and three emails

Date: _____

Added to MRL