

<b>VISITING RESIDENTS 2 – CLINICAL ROTATION APPLICATION AND CHECKLIST</b>			
<i>Instructions: Complete and return the application and checklist to the Associate Dean of Graduate Medical Education for approval.</i>			
Full name as it appears on SSN Card			
Credentials	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other _____		
Home Address			
Phone Numbers	Work _____ Home _____ Mobile _____		
Email Address			
Medical School			
Medical School Address	Address 1		
	Address 2		
	City, State		
	Country, Postal Code		
Medical School Graduation Date (MM/DD/YYYY)			
Sponsoring Institution		Specialty	
Residency Program Address	Address 1		
	Address 2		
	City, State		
	Country, Postal Code		
Dates of Residency	Began: _____ Expected Completion: _____		
Current Specialty PGY Level		Number of post graduate years completed including current training year.	
Program Director			
Program Director Contact Information			
Initial Program (first yr out of medical school)			
Rotation Request at UTHSCSA	Specialty		Dates
Signature			
Today's Date			
<p>Please mail this application form, checklist, \$100.00 (US) application fee (non-refundable), and required documents to:</p> <p>Graduate Medical Education The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive, MC 7790 San Antonio, TX 78229-3900</p> <p>Once the application packet has been reviewed and met the criteria set by the GME office, a letter will be sent to the program (with a copy to you) indicating that you are qualified for a rotation. The program will have final approval of the requested rotation and dates.</p> <p style="text-align: center;"><b>Approval of this application does not guarantee acceptance of a Clinical Rotation by the program.</b></p>			

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Full Name	
	Curriculum Vitae
	For LCME-Accredited Medical School Graduates
	Copy of Final Medical School Transcript or Diploma
	State Medical License (if applicable) <b>OR</b> Physician in Training Permit
	For Non-LCME-Accredited Medical School Graduates
	<input type="checkbox"/> Valid ECFMG certificate or <input type="checkbox"/> Full and Unrestricted license to practice medicine in the US
	Copy of J-1 Visa (if applicable)
	Name of sponsoring institution and current ACGME or AOA accredited training program of the resident.
	Letter from resident's Program Director, co-signed by the DIO or Director of GME addressing the following:
	Authorization and eligibility to pursue elective experiences
	Current level of training
	Dates resident began and completed Medical School
	Date resident began residency training and anticipated completion date
	Brief description of resident's prior clinical experiences
	Statement that resident is in good standing in the residency program
	Evidence of passing USMLE Steps 1 and 2 or COMLEX Steps 1 and 2
	Statement of desired clinical rotation(s) including curricular requirements and length of rotation
	Name of person assuming responsibility for resident at UTHSCSA
	Financial source of stipend & benefits during training at UTHSCSA
	Evidence of health insurance (copy of certificate required)
	Proof and source of payment of malpractice insurance (professional liability insurance) during rotation (copy of certificate required)
	Evidence of screening for tuberculosis to include a skin test (and chest x-ray, if clinically indicated), <b>within one year of start date after skin test.</b> <i>If rotator is PPD positive, they must provide a chest-ray dated after the positive results.</i>
	Documentation of current immunization status of measles, mumps, rubella, tetanus, hepatitis B, and polio
	Evidence of current CPR (BLS, ACLS, ATLS, etc) certification (copy of card or letter signed by CPR instructor)
	Ethics and HIPAA training - <a href="http://www.uthscsa.edu/GME/incomingresidents.asp">http://www.uthscsa.edu/GME/incomingresidents.asp</a> , Step 3 (VA forms) Item #8, complete the following training modules VA Residents VHA Privacy Training HIPAA and VA Residents Ethics Training.doc Item #9, complete the exam on Page 10 and the document on page 11. OR Provide proof of training from home program <b>DO NOT SENT DOCUMENT TO VA, THEY MUST ACCOMPANY THIS PACKET.</b>
	Evidence of passing a UTHSCSA Security Background Check
	Copy of Social Security Card
	Signed Voluntary Disclosure of Social Security Number form
	Complete the Confidentiality/Security Acknowledgement Form <a href="http://www.uthscsa.edu/GME/documents/confacknowledge.pdf">http://www.uthscsa.edu/GME/documents/confacknowledge.pdf</a>
	\$100 (US) Application fee – non-refundable –certified check made payable to the Office of Graduate Medical Education at UTHSCSA
	Reviewed and approved by Dr. Lois Bready, Senior Associate Dean for Graduate Medical Education _____/_____/_____
	Packet returned to program on ____/____/____ by _____
	Texas Physician in Training Permit or Texas Medical License # _____ and date of expiration _____.
<b>FINAL PROCESSING (After GME Approval)</b>	
	UTHSCSA

Policy 4.4.2.1.  
December 2011

		Department completes the "Criminal Background Check Form." ( <a href="#">Form provided by GME office</a> )
		ID Badge
		Check in with The Office of International Services, if applicable
		University Hospital System (UHS) – Professional Staff Services
		UHS Application (to be completed in the office of Professional Staff Services).
		Immunization record (as indicated above)
		VA Hospital (VAH) – report to ACOS/Education Processing on or before the first day of rotation and bring:
		Completed VAH application
		Completed TQVCL attachment
		Fingerprinting – <a href="http://www.uthscsa.edu/GME/incomingresident.asp">http://www.uthscsa.edu/GME/incomingresident .asp</a> , Step 3 (VA Forms), items #6 or 7 as applicable.