

VISITING RESIDENTS 1 – OBSERVERSHIP APPLICATION AND CHECKLIST				
<i>Instructions: Complete and return the application and checklist to the program in which the observership is desired. Incomplete application packets will not processed and will be returned to the applicant. Packet must be submitted 30 days (US citizens) or 120 days (visa holders) prior to rotation start date. Expedited applications will incur a charge of \$100.00, which must accompany the packet.</i>				
<input type="checkbox"/> Pre-approved by DIO during pandemic				
Print Full Name				
Credentials	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other _____			
Email Address				
Medical School				
Sponsoring Inst & Residency Program				
Sponsoring Inst Address	Address			
	City, State			
	Country, Postal Code			
Dates of Residency	Began: _____ Expected Completion: _____			
Program Director				
Program Director Contact Information	Phone _____			
	Email _____			
Rotation Requested at UTHSCSA	Specialty		Dates	
UT PD's Signature				
Today's Date				
Please mail this application form, checklist, \$200.00 (US) application fee (non-refundable), and required documents to the program in which you are applying to do the observership.				
Once the application packet has been reviewed and approved by the GME office, a clearance letter will be sent to the program. The program will have final approval of the requested rotation and dates.				

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<ul style="list-style-type: none"> The following documents, if not originally written in English, must be officially translated into English by a certified translation agency and submitted to the program. For rotators who are not United States citizens or are not a permanent resident, you must obtain a J-1 Short Term Scholar visa that will be in force for the entire duration of the observership. 		
Print Full Name		
	Curriculum Vitae	
	<p>Letter from resident's Program Director with responsibility for the residency training that addresses the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorization and eligibility to pursue international elective experiences, if appropriate <input type="checkbox"/> Current level of training <input type="checkbox"/> Dates resident began and completed Medical School <input type="checkbox"/> Date resident began residency training and anticipated completion date <input type="checkbox"/> Statement that resident is in good standing in the residency program <input type="checkbox"/> Curricular requirements to be met by the observership experience <input type="checkbox"/> Statement of desired observership(s) <input type="checkbox"/> Name of person assuming responsibility for trainee at UTHSCSA 	
	<p>Additional documentation required. Please attach.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Visa (if applicable) <input type="checkbox"/> Medical School diploma <input type="checkbox"/> ECFMG certificate <input type="checkbox"/> Evidence of passing a UTHSCSA Security Background Check <input type="checkbox"/> Evidence of health insurance to cover accidents, illness, etc., while performing the observership <input type="checkbox"/> Signed Visiting Rotator Drug Screening Acknowledgement 	
	\$200 (US) application fee – non-refundable –certified check made payable to the Office of Graduate Medical Education at UTHSCSA	
Reviewed and approved by Designated Institutional Official, UT Health Graduate Medical Education		
<p>_____/_____/_____ (date)</p>		
<p>Packet returned to program on _____ by _____ date GME staff member</p>		
FINAL UTHSCSA PROCESSING (After GME Approval)		
UTHSCSA Residency/Fellowship Training Program Responsibility		
		ID Badge
		Check in with the Office of International Affairs