Policy 4.4.2.1. June 2020

VISITING RESIDENTS 2 – CLINICAL ROTATION APPLICATION AND CHECKLIST

Instructions: Complete and return the application and checklist to the program in which you desire to do a clinical rotation. Incomplete application packets will not be 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 packet.

☐Check this box if DIO's pre-approval of this clinical rotation has been obtained during pandemic. Do not pass this step until pre-approval has been obtained.

Full name as it appears on SSN Card				
Credentials	☐ MD ☐ DO ☐ Other ______________________			
Social Security Number				
Home Address				
Phone Numbers	Work ________________ Home ________________ Mobile ________________			
Email Address				
Medical School				
Medical School Graduation Date (MM/DD/YYYY)				
Current Program				
Sponsoring Institution				
Current Program Address	Address 1			
	Address 2			
	City, State			
	Country, Postal Code			
Dates of Current Program	Began: ____________________ Expected Completion: ____________________			
Current Specialty PGY Level		Number of post graduate years completed including current training year.		
Program Director				
Program Director & Program Coordinator Contact Information				
Initial Program (first yr out of medical school)				
Rotation Request at UTHSCSA	Specialty		Dates	
UT Hosting Program's PD name (printed)				
UT Hosting Program's PD Signature				
Today's Date				

Please mail this application form, checklist, $100.00 (US) application fee (non-refundable), and required documents to the program in which you desire to do a clinical rotation.

The hosting UTHSCSA program will be notified once the application packet has been approved by the GME office, and the program will have final approval of the requested rotation and dates.

VISITING RESIDENTS 2 – CLINICAL ROTATION APPLICATION AND CHECKLIST

Print Full Name

	Curriculum Vitae (Please explain any gaps in dates.)
	Medical School Documents: ☐ LCME-Accredited Medical School Graduates – provide the following items: Copy of Diploma or Final Medical School Transcript (with "conferred on" dates) Texas State Medical License (if applicable) **OR** Texas Physician in Training Permit Copy of J-1 Visa (if applicable) -OR- ☐ Non-LCME-Accredited Medical School Graduates – provide the following items Copy of Diploma (original and English translation) or Final Medical School Transcript (with conferred on dates) Valid ECFMG certificate Full and Unrestricted license Texas Medical License or Texas Physician In Training Permit Copy of J-1 Visa (if applicable)
	Letter from resident's Program Director, co-signed by the DIO or Director of GME addressing the following: ☐ Name of sponsoring institution and current ACGME or AOA accredited training program of the resident ☐ Authorization and eligibility to pursue elective experiences ☐ 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 ☐ 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
	Additional documentation required. Please attach. ☐ Evidence of passing USMLE Steps 1 and 2 or COMLEX Steps 1 and 2 ☐ 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) ☐ Ethics and HIPAA Training: Provide proof of training from home program ☐ Evidence of passing a UTHSCSA Security Background Check ☐ Signed Voluntary Disclosure of Social Security Number form ☐ Complete the Confidentiality/Security Acknowledgement Form ☐ Complete the Housestaff Data Sheet ☐ Evidence of completing the UHS restraint training (attach Test) ☐ Copy of Program Letter of Agreement (PLA)
	$100 (US) Application fee – non-refundable –certified check made payable to the Office of Graduate Medical Education at UTHSCSA

Reviewed and approved by the Designated Institutional Official for Graduate Medical Education

____ ____/_____/_____

Signature Date

Packet forwarded to program on ____/_____/_____ by ___________________________

Texas Physician in Training Permit or Texas Medical License # _________ and date of expiration _________ .