

VISITING RESIDENT/FELLOW APPLICATION FORM

Return completed form to the UW GME Office (Box 358047) no later than **twelve (12) weeks** prior to rotation start date

SECTION I – DEMOGRAPHIC INFORMATION (Completed by Visiting Resident/Fellow)

Last Name:		First Name:		Middle Name:	
Date of Birth:		Gender:		Degree:	
Medical School:				NPI:	
Medical School Start Date:		Medical School End Date:		Email address:	
Country of Citizenship:		Currently licensed to practice medicine? State: <input type="checkbox"/> No <input type="checkbox"/> Yes (provide state & license #) #:			Driver's License/Passport #:

REQUIRED DOCUMENTATION - SUBMIT VIA UW GME ONLINE APPLICATION PORTAL

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| <ol style="list-style-type: none"> 1. UW GME Online Application 2. <u>Current</u> Curriculum Vitae 3. ECFMG Certificate (for IMGs) 4. HIPAA Training Certification Form 5. Immunization Health History Clearance | <ol style="list-style-type: none"> 6. UW Medicine Privacy, Confidentiality, and Information Security Agreement (retained by GME program) 7. Copy of Medical License (or proof of state/institution exemption) 8. Documentation of National Background Check |
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SECTION II – SPONSORING PROGRAM INFORMATION (Completed by Sponsoring Program)

1. Certificate of Liability Coverage	2. Signed Program Letter of Agreement (UW generated)
Sponsoring Institution: _____	
Current Program: _____	Current R-Level: _____
Program Director: _____	Phone Number: _____ Email: _____
Program Administrator _____	Phone Number: _____ Email: _____

Sponsoring Program Director: *By signing, I understand a fully executed UW PLA will be completed prior to the start date of this rotation.*

Program Director (print and sign) _____
Date

SECTION III - ROTATION INFORMATION (Completed by UW Training Program)

1. Generate a Program Letter of Agreement (including Goals & Objectives) - Templates located in Medhub:

UW Residency/Fellowship Program: _____

Rotation Site/Sites	Name of Rotation:	Dates of Rotation:	Supervising Physician:
<input type="checkbox"/> UW <input type="checkbox"/> HMC <input type="checkbox"/> FHCC <input type="checkbox"/> VA <input type="checkbox"/> SCH <input type="checkbox"/> Other: _____		to	
Rotation Type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient			

UW GME Program Approval: *By signing, I (or the designated supervising faculty member) agree to assume responsibility for this visiting trainee during his/her rotation at UW Medicine and/or affiliated training sites.*

UW Program Director (print and sign) _____
Date

UW Program Administrator (print & sign) _____
Date

SECTION IV - UW GME APPROVAL

Signature _____
Date