

VISITING RESIDENT APPROVAL

Only residents from **other ACGME or AOA accredited programs** may be considered for approval to do temporary rotations in a University of Tennessee Graduate Medical Education (GME) Program. Completion of the following procedure is required before a temporary rotation assignment may begin:

- 1) At least eight weeks prior to the beginning of the proposed rotation, the visiting resident will submit the following documentation to the program coordinator for the program in which they choose to complete the visiting rotation.

Once a fully executed Visiting Resident Approval packet is received by the program coordinator, he/she will submit the following documentation to the Office of Graduate Medical Education - Attention Haley Smith; 910 Madison Avenue, Suite 1031; Memphis, TN 38163 or send via email to Haley Smith, hgeabhar@uthsc.edu. GME does not accept piece mail or incomplete documents.

(a) "Application for Temporary Rotation as a Resident/Clinical Fellow at the University of Tennessee," approved and signed by the visiting resident/fellow's current program director and UT program director.

(b) Reference letter from applicant's program director or clinical chief verifying that the applicant is in good standing with his/her current training program and stating that the Sponsoring Home Institution will provide the resident's salary and benefits.

(c) Copy of malpractice coverage or letter verifying that Sponsoring Home Institution will provide the resident's liability coverage during the rotation at UT.

(d) Submit verification of completion of Tdap (Tetanus, Diphtheria, and Pertussis), MMR (Measles, Mumps, and Rubella), Varicella, Hepatitis B (positive tier only), COVID-19, and TB requirements (proof of recent TB screening within the past year) identified within GME Policy#360 - **Infection Control** and GME Policy #361 - **Infection Control - Tuberculosis**.

(e) Submit a check or money order in the amount of \$10.00 payable to the Tennessee Board of Medical Examiners to process the licensure exemption. Note, medical license exemptions can take up to four weeks to process.

(f) Fulfill requirements as set forth within the University of Tennessee Health Science Center's **Friend/Volunteer Packet and Checklist**. Note, please enter Kelley Giboney, 901-448-5364, kgiboney@uthsc.edu as the Department Contact Person and return to the completed packet to Kelley via email.

- 2) Upon receipt of signed and completed Application for Visiting Rotation and required documents, the DIO will review and process the application and notify the applicant and UT program director of approval if documentation meets requirements for temporary rotation assignment.

NOTE: The University of Tennessee Department of Graduate Medical Education does not offer or provide the opportunity for any externships or observerships - GME Policy #151 **Observership**.

**APPLICATION FOR VISITING ROTATION AS A
RESIDENT / CLINICAL FELLOW AT THE UNIVERSITY OF TENNESSEE**

I hereby apply to the University of Tennessee for residency/clinical fellow training rotation in the

Department / Division of: _____

Preferred Effective Dates of Rotation: FROM _____

TO _____

NAME: _____

(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ NATIONAL PROVIDER (NPI) NO.: _____

EMAIL ADDRESS: _____

EDUCATIONAL BACKGROUND: (Graduates of Foreign Medical Schools must provide a valid ECFMG certificate.)

MEDICAL SCHOOL (Include Dates):

ACADEMIC HONORS (College and Medical School):

PROFESSIONAL EXPERIENCE: Residency (Include Hospital and Location, Specialty and Dates):

CURRENT:

PREVIOUS:

LICENSURE: Are you currently licensed to practice medicine? _____

If so, please indicate STATE: _____

LICENSE NUMBER: _____

MALPRACTICE INSURANCE:

Have you had any cancellations, non-renewals or limits placed on your malpractice coverage?

____ NO ____ YES (If yes, please attach summary of details.)

Have you been party to any malpractice liability claims, suits and/or settlements?

____ NO ____ YES (If yes, please attach summary of details.)

Current malpractice coverage? _____ Yes _____ No

Carrier: _____

Coverage Limits: _____

(Minimum of \$1 million / \$3 million)

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation?

____ No ____ Yes (If yes, please attach a summary of details.)

HEALTH INSURANCE COVERAGE Provided by: _____

Plan/Policy No.: _____

Sponsoring Institution: University of Tennessee College of Medicine

- **REFERENCES: This application should be accompanied by a reference letter from the applicant's Program Director or Clinical Chief verifying that the applicant is in good standing with his/her current training program. Additionally, this letter should state that the Sponsoring Home Institution will continue to provide liability and health insurance as well as stipend while on rotation at UT.**

Assignment as an affiliated resident / clinical fellow is made by the Hospital on the recommendation of the Chief of Service and is for the term stated only.

To be signed by Applicant:

By accepting this visiting assignment to the Housestaff at the University of Tennessee, I agree to abide by the rules and regulations of the Hospital and Service to which I am assigned. I understand that the University of Tennessee will not provide a stipend, professional liability, or health insurance. **Attached is a check or money order in the amount of \$10.00 payable to the Tennessee Board of Medical Examiners to process licensure exemption.**

Applicant Signature: _____ **Date:** _____

To be completed and signed by Sponsoring Home Institution Program Director:

I approve the application of _____,
who is currently enrolled as a _____ year resident / clinical fellow in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency program (Specialty)

_____ at (Name of Sponsoring Home Institution) _____,

to rotate at UT. The Sponsoring Home Institution will continue to provide the stipend, professional liability and health insurance.

Signature of Home Institution Program Director:

_____ **Date:** _____

Program Director Name Printed: _____

Program Director's Phone Number: () _____ - _____

I approve the above temporary assignment to _____ clinical service at the University of Tennessee for the dates specified.

Signature of UT Program Director: _____ **Date:** _____

To be signed by Assistant Dean/DIO, GME, University of Tennessee:

Approval given.

Assistant Dean/DIO, GME: _____ **Date:** _____

In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, the University of Tennessee does not discriminate on the basis of race, sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University administered programs or employment. Complaints should be directed to the Office of Access and Compliance; 920 Madison Ave., Suite 420; Memphis, TN 38163; (901) 448-2112, TDD (901) 448-7382.

Sponsoring Institution: University of Tennessee College of Medicine