



EAST TENNESSEE STATE UNIVERSITY

DEPARTMENT OF
Graduate
Medical Education

APPLICATION AND AUTHORIZATION FOR VISITING RESIDENT ROTATION

****Please submit the application and all required documents 90 days in advance for processing****

Home Institution: _____

Current Program Coordinator & Contact Info: _____

Resident Name: _____

Resident Email: _____

Current Address: _____

Phone Number: _____ **Social Security Number:** _____

Date of Birth: _____ **National Provider Number:** _____

Requested ACGME Training Program: _____ **PGY Level:** _____

Requested Date of Rotation: From: _____ **To:** _____

To be signed by the applicant:

By applying for this temporary resident rotation at East Tennessee State University, I agree to abide by the rules and regulations of the hospital and service to which I am assigned. I understand that East Tennessee State University will not provide a stipend, benefits, and professional liability insurance. My current home institution will be responsible for my stipend and benefits. A certificate of malpractice coverage and license exemption will be provided, both of which I am responsible.

Signature of applicant: _____ **Date:** _____

Printed Name: _____

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

Signature of PD: _____ **Date:** _____

Printed Name: _____

To be signed by the ETSU Program Director:

I approve the above temporary assignment to _____ clinical service at East Tennessee State University on the specified dates.

Signature of ETSU PD: _____ **Date:** _____

To be signed by the Associate Dean/DIO of East Tennessee State University:

Approval granted for the temporary visiting resident's assignment.

Signature of Associate Dean/DIO _____ **Date:** _____

****See attached checklist for process and required documents to provide once your application has been approved by all parties.**

PROCESS and CHECKLIST FOR VISITING RESIDENT ROTATION:

To Applicant:

Please send your application and the required documents to the appropriate program coordinator at East Tennessee State University training program **at least 90 days** prior to the requested start date of the elective rotation.

Once your application has been approved, please provide your home institution coordinator with the contact information of their ETSU counterpart to collaborate and initiate the **required Program Letter of Agreement (PLA)**.

Required documents:

- Approved application
- Letter of good standing from your Program Director
- Letter from your Graduate Medical Education office to verify receipt of a clear background check and completed HIPAA training
- Copy of Curriculum Vitae
- Copy of your current malpractice coverage or letter verifying your sponsoring institution will provide the liability coverage during your rotation. (Minimum of \$1 million per occurrence/\$3 million aggregate required)
- Copy of your immunization record, including Covid-19 vaccination documentation
- Copy of your medical license or a copy of your training license exemption
- If applicable, a copy of a valid ECFMG certificate and Visa
- Photo for hospital ID badge

Upon receipt of the signed and completed application and required documents, the DIO will review and process the application. The ETSU program director and the program coordinator will be notified and they will then notify the applicant of the decision and provide further direction.

To ETSU Coordinator:

- Once the application and required documents are received please forward to the GME office for review and approval
- Forward a copy of the fully executed Program Letter of Agreement (PLA) to the GME office
- Create New Innovations Personnel record with work role as “other”
- Provide all Ballad required onboarding information to Hospital Liaison
- Direct applicant to Hospital Liaison and Clinic managers to arrange EPIC training and other required electronic medical record access