

Application for Rotation – Visiting Resident or Fellow

SECTION I: To be completed by the Visiting Resident / Fellow

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Hospital / Institution Work Email Address: _____

**Must be work or school email*

Cell Phone Number (required for clinical communications): _____

NPI Number: _____ Do you have a Federal DEA? Yes No

Date of Birth: _____ US Social Security Number: _____

*Required for system access & IRIS reporting

Sponsoring Hospital or Institution: _____

Current Residency/Fellowship Program: _____ Current PG Year: _____

Program Director or Coordinator/Administrator: _____

Coordinator Email: _____ Phone: _____

ROTATION REQUEST(s)	Dates
1st Choice	TO
2nd Choice	TO
3rd Choice	TO

Visiting Resident / Fellow Application Checklist

I understand submission of an application does not constitute approval of rotation request.

I have attached copies of all required documentation and understand I **will not be allowed to start a clinical rotation at Corewell Health in West Michigan if any requirements are missing.**

Requirements include but are not limited to:

- Current Educational Limited or Permanent Medical and Controlled Substance Licenses (*Michigan licenses are required for all resident or fellow clinical rotations and fees for non-employees of Corewell Health in West Michigan are the responsibility of the resident/fellow*)
- Current CV or myERAS Application (*for program currently in*)
- ECFMG Certificate (*if international medical school graduate*)
- Medical School Diploma
- Certificate of Professional Liability Insurance which will provide coverage while rotating with Corewell Health in West Michigan - minimum \$1m occurrence and \$3m annual aggregate coverage (*Corewell Health in West Michigan does not provide liability coverage for visiting residents*)
- ACLS Certificate (*required for all except Pediatric residents and Hem/Onc fellows*)
- PALS Certificate (*required for inpatient pediatric rotations such as floors, PICU, ED, anesthesia, sedation, etc.*)
- NRP Certificate (*required for NICU, newborn, and OB Floors rotations only*)
- ATLS Certificate (*required for trauma rotation only*)

I will pay the \$125 per rotation fee(s) and non-refundable application fee* (if applicable) online at www.onlineregistrationcenter.com/resident-fellow26-27. Applicable fees must be paid prior to starting a clinical rotation.

OR

My program/institution will pay the \$125 per-rotation fee(s) and non-refundable application fee* (if applicable). Institutions who are invoiced by Corewell Health will receive invoices quarterly.

**\$125 application fee covers cost of background check and drug screen if home institution does not confirm completion of these requirements outlined in Section II on page 3 of this application.*

If accepted for a rotation at Corewell Health in West Michigan, the Resident/Fellow agrees to the following:

- Resident will complete any required institutional and rotation-specific orientations
- Resident will comply with all Corewell Health in West Michigan and specific training site policies
- Resident will perform assigned duties to the best of his/her ability
- Resident will provide his/her own housing and transportation
- Resident will maintain patient confidentiality by following all HIPAA regulations

Residents/fellows from institutions which do not have a current affiliation agreement with Corewell Health in West Michigan must submit completed application **no less than 90 days in advance of rotation start date**. The deadline for residents/fellows whose programs do have a current affiliation agreement is **60 days in advance of rotation start date**. Applications should be submitted via email to: AcademicScheduling@corewellhealth.org

I authorize my Program Director to release to the Office of Medical Education all performance and health information necessary to complete SECTION II of this application.

Applicant's Signature

Date

SECTION II - To be completed by Resident/Fellow’s Program Director or Coordinator/Administrator

Please provide the following information regarding

Printed Resident’s Name

YES NO The above-named resident / fellow is currently in good standing.

YES NO The above-named resident /fellow has the required academic background and skills necessary to participate in and is approved to take the requested rotation.

If there have been any academic/clinical performance, liability, disciplinary, or other problems with this resident / fellow, please explain:

YES NO The above-named resident / fellow has completed training regarding HIPAA and hazardous materials, universal bodily fluid precautions, exposure to blood borne pathogens, and such other federal, state, and local laws and regulations relating to patient care in a hospital setting.

agrees to provide professional liability coverage for the

Name of Sponsoring Institution

above-named resident / fellow during his/her rotation at Corewell Health in West Michigan.

OR

Resident/Fellow will self-obtain required liability insurance coverage for duration of rotation(s) at Corewell Health in West Michigan.

Please confirm that upon entry to your program and/or employment by your institution, above-named Resident or Fellow Physician satisfactorily completed the following. If not confirmed, Corewell Health in West Michigan will process a background check and/or drug screen and resident or institution will be charged an application fee.

YES NO At minimum, 4-panel drug screening

YES NO Thorough background investigation including the following elements – National & Global Criminal Search (government source or media source), SSN Trace, Professional License Report, Health Care Sanctions (All), MVR, and National Sex Offender Registry

I agree to all of the preceding terms and affirm that all submitted information is correct:

Program Director’s Signature (or designee)

Date

Printed Name