Spectrum Health | College of Human Medicine MICHIGAN STATE UNIVERSITY

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 / Professional Email Address:

Contact Phone Number: Mobile Home

I have a pager that will work in Grand Rapids Number:

Please use my mobile number in lieu of a pager for clinician communications and call schedules
*Mobile number must be listed above and will be used to create resident/fellow PerfectServe profile and shared with faculty/staff as needed

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, including but not limited to:

- Current Educational Limited or Permanent Medical and Controlled Substance Licenses *(Michigan licenses are required for all resident clinical rotations and fees for non-Spectrum Health employees 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 Spectrum Health - minimum $1m occurrence and $3m annual aggregate coverage *(Spectrum Health 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)*

I will pay the $100 per rotation fee(s) and non-refundable application fee (if applicable) online at www.onlineregistrationcenter.com/resident-fellow22-23

(OR)

My program/institution will pay the $100 per-rotation fee(s) and non-refundable application fee (if applicable)

****$125 application fee applies if home institution does not confirm completion of Spectrum Health background check and drug screen requirements outlined in Section II of this application*

If accepted for a rotation at Spectrum Health, the Resident agrees to the following:

- Resident will complete any required institutional and rotation-specific orientations
- Resident will comply with all Spectrum Health 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 Spectrum Health 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: Sidra.Alexander@spectrumhealth.org

I authorize my Program Director to release to Spectrum Health 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 Spectrum Health.

OR

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

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, Spectrum Health will process a background check and/or drug screen and resident or institution will be charged an application fee.

YES NO At minimum, 5-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