



GME ROTATOR APPLICATION PACKET

Department Coordinators must submit a <u>complete</u> Rotator Packet in order for GME to begin processing, to include this form and all documents listed on Page 2. Complete packets must be received in GME at least 30 days prior to the scheduled start date. If the packet is incomplete, start dates will be delayed.

Rotator's Status: Resident Fellow Intern (circle one) NPI #

MA Medical License #	Limited o	or Full (Circle One)	Issue Date:
Expiration Date:			
Rotator Demographic Information			
Last Name:		First Name:	
Email Address:			
SSN:	2.02	DOD	Male or Female
		DOB:	(Circle one)
Country of Citizenship:			
Visa Type(if applicable):			
Medical School:			
Graduation Date M/D/YY:			

Rotation Dates at BIDMC Start Date:	End Date:
Rotation Dates are required	
Will Rotator need CCC access for the entire academic year? Yes No (circle one)	Specify rotation department name @ BIDMC:
Please write any additional dates that the rotator will be at BIDMC(i.e. on-call/clinic coverage other coverage) below:	Additional Info:

Sponsoring Hospital / Program Information:

Sponsoring or Home Institution:	Yr in Program:	
Program Name:	PGY Level:	
Sponsor/Home Institution's Start Date:	Expected Graduation Date from Sponsoring/Home institution:	
Program Mailing Address:	Program Phone #:	
Coordinator Name for Home Program:	Contact's phone # & email address of Coordinator	

CORI Check done by Home Institution: YES NO (circle one)

CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED WITH ROTATOR APPLICATION:

Documents must be for the current/<u>scheduled</u> academic year. All attachments must be submitted or start dates will be delayed.

- □ MA Medical License. For Full MA license, include Federal DEA & Mass Controlled Substance copy)
- □ CV (must include current home program)
- □ Malpractice Face Sheet (CRICO)
- Proof of <u>current</u> Occupational Health Clearance (to include current PPD)
 (For BMC, BWH, CHB, DFCI and MGH, the front/back of ID with updated clearance sticker is acceptable).
- **ECFMG Certificate (foreign graduates only)**

□ A fully executed <u>Program Letter of Agreement (PLA/Affiliation</u>) must be in place between the Sponsoring Hospital and BIDMC, to include a current <u>Rotation Schedule</u>.

BIDMC Coordinator Name:

BIDMC Phone Number: ______ Miscellaneous information:

The GME Rotator Packet, to include this form & documents above, must be submitted to the BIDMC Graduate Medical Education office 30 days prior to the rotation start date. The GME Fax number is 617-667-2092. We are located on the BIDMC East Campus, Gryzmish Building, Center For Education, Room ES-215.