

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/scheduled 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 current 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 Program Letter of Agreement (PLA/Affiliation) must be in place between the Sponsoring Hospital and BIDMC, to include a current **Rotation Schedule**.

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.