**University of Tennessee College of Medicine Chattanooga (UTCOMC)**



**Graduate Medical Education**

**960 East Third Street, Suite 104**

**Chattanooga, TN 37403**

***Visiting Resident Rotations are considered only on a case by case until further notice as of April 1, 2020.***

**UT GME Institutional Policy #181: Visiting Resident Application Form**

**Section 1 (To be completed by the Resident – Please type or print legibly)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Init SS# Birthdate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree TN Medical License # or Requesting Exemption\* Expiration Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical School Name Graduation Date (mm/dd/yy)

If an international graduate, ECFMG #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of ECFMG Certification: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Program Specialty Name of Institution

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current PGY Level Name of Program Director

Enter below the name of the city in which you were born? (This will be used for your Erlanger network password hint):  
  
\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you used EPIC before? Yes\_\_\_ No\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Current Program Director

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Rotation requested that is sponsored by UTCOMC and the Site Location if not Erlanger)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rotation Requested Start Date Rotation Requested End Date**

\*If the visiting Resident does not have a Tennessee license or Resident exemption, the GME Office will obtain an exemption on the Resident’s behalf. A check ($10) made payable to the Tennessee Board of Medical Examiners must accompany the application in this situation and must be sent to the GME Office within three weeks of the beginning of the rotation.

Please list all postgraduate training, including specialty, institution and beginning/ending dates for each:

1.

2.

3.

4.

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Resident’s Home Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Institution’s Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (including area code) Institution Phone (including area code)

**Section 2 (To be completed by the Resident’s current program)**:

I approve the above rotation and verify that this Resident will continue to be paid by the home institution during his/her rotation sponsored by the UT College of Medicine Chattanooga. Benefits including health, life, and disability insurance will also continue to be paid by the Visiting Resident’s home institution. Malpractice insurance (unless provided otherwise by written agreement) will be provided by either the Resident or his/her home institution (documentation attached).

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Visiting Resident’s Current Chair or Program Director (denote title) Date

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Visiting Resident’s Current DIO Date

**Attachments:**

1. 1. Copy of a current Tennessee Medical License or proof of current Tennessee Resident License Exemption (Indicate “Requesting Exemption” on this form if requesting license exemption sponsorship by the Chattanooga Campus.)
2. 2. If the Visiting Resident is requesting sponsorship for a Tennessee Resident License Exemption, please submit a $10 check payable to the Tennessee Board of Medical Examiners.
3. 3. Copy of Visiting Resident’s medical school diploma
4. 4. Letter from the Resident’s current sponsoring institution denoting proof of malpractice insurance coverage or a copy of the policy face sheet.
5. 5. Copy of current immunization records (including COVID vaccine and TB skin test within the last 12 months).
6. 6. International medical graduates must submit a copy of his/her ECFMG certificate

**Section 3 (To be completed by the UT College of Medicine Chattanooga)**

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Approval by the Program Director (UT College of Medicine Chattanooga) Date

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Approval by the Rotation Director Date

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Approval by an Official at the Rotation Site (if not an Erlanger site or practice) Date

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Approval by the DIO or Director of GME (UT College of Medicine Chattanooga) Date