



University of Tennessee College of Medicine Chattanooga  
 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 Exemption*		Expiration Date	
Medical School			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

\*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.

\_\_\_\_\_  
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)

\_\_\_\_\_  
Rotation requested (Chattanooga)

\_\_\_\_\_  
Rotation Start Date Rotation End Date

**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 at the UT College of Medicine Chattanooga. Benefits including health, life, and disability insurance will also continue to be paid by the home institution. Malpractice insurance (unless provided otherwise by written agreement) will be provided by either (circle one) the Resident or the home institution.

\_\_\_\_\_  
Current Chair or Program Director (denote title) Date

\_\_\_\_\_  
Current DIO Date

**Attachments:**

1. Copy of Tennessee license or letter denoting Resident exemption
2. If the Resident does not have either documents in #1, submit a \$10 check payable to the Tennessee Board of Medical Examiners.
3. Copy of medical school diploma
4. Letter from the institution denoting proof of malpractice insurance coverage or a copy of the policy face sheet.
5. Copy of immunization record from the current program and TB skin test within the past 12 months.
6. International medical graduates must submit a copy of his/her ECFMG certificate

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

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