

**University of Chicago Medical Center
Graduate Medical Education**

Application for Requesting an Elective Rotation at UCMC
(Non-UCMC Houseofficers)

Checklist

_____ **Application for Elective Rotation at UCMC** form completed and signed by applicant, applicant's program director, UCH supervising faculty member and UCMC Program Director

_____ **Copy of current State of Illinois medical license**

_____ **If applicant does NOT hold an Illinois license, allow 10-12 weeks additional processing for licensing. Once the rotation has been approved and paperwork submitted to the GME Office, GME will contact the applicant to apply for either a) a temporary limited license (\$100.00), or b) permanent Illinois license (\$700.00).**

_____ **Letter from the applicant's official program director confirming the following:**

_____ the resident/fellow's good standing

_____ malpractice coverage (\$1,000,000/\$3,000,000), salary, and health and life insurance coverage will continue for the length of the rotation at UCMC

_____ the applicant has been trained in HIPAA compliance

_____ **Health Screening Requirements** (See following page) ****NOTE:** Department will be billed for any missing testing or immunizations required for clearance not provided by the applicant.

_____ **Copy of ECFMG Certificate** for International Medical School graduates

_____ **Proof of Valid Visa status for non-United States citizens.**

_____ **Recent photograph of the applicant**

**Applicants are to return completed application form and checklist
to the UCMC Program Coordinator at least 60 days in advance of rotation**

The Department is responsible for notifying the applicant of approval and provide further instructions prior to the start date. Upon arrival at UCMC the resident/fellow must report immediately to the program director's office and then to Graduate Medical Education office (room J141) for ID/parking materials. It is the responsibility of the program to make the rotater an appointment at Occupational Medicine for health screening.

Rotating House Staff Immunization Requirements

- UCMC pre-employment screening requirements are listed below. Documentation (from your health care provider/school health/health care institution) is required for all rotating house staff. If you have any questions, please call Occupational Medicine at 773.702.6757.
- All records not in English must be accompanied by a certified translation

UCMC Pre-employment Screening Requirements

Rubeola (measles)

Proof of immunity (serologic titers) OR documentation of physician-diagnosed measles OR documentation of 2 doses of live measles (or MMR) vaccine on or after your first birthday

Mumps

Proof of immunity (serologic titers) OR documentation of physician-diagnosed mumps OR documentation of 2 doses of live mumps vaccine (or MMR) on or after your first birthday

Rubella (German measles)

Proof of immunity OR documentation of one rubella vaccination (or MMR). Documentation of disease is NOT acceptable

Varicella (chicken pox)

Proof of immunity (serologic titers) OR documentation of physician-diagnosed chicken pox OR documentation of 2 doses varicella vaccine.

Tuberculosis Screening

NEGATIVE HISTORY: Documentation of 2 TB skin tests is required IF the resident is rotating at UCMC for > 3 months. One must be within the past 12 months and one must be within 3 months of start date. If the resident rotation is < 3 months, one TB skin test within 12 months of the start date is required.

QuantiFERON®-TB Gold test (QFT-G) is acceptable in lieu of TB skin testing.

POSITIVE HISTORY: Documentation of + TB skin test and Chest X-ray. Please note: those with a history of BCG vaccination without + TB skin test documentation are not exempt from TB testing.

Hepatitis B vaccination

Hepatitis B vaccination is strongly recommended for HCWs. Documentation of vaccination is required. If proof of vaccination is not available, then Hepatitis B antibody titer is recommended.

Fit testing for the N95 particulate respirator

Selected clinical personnel may need to be screened and fit tested for the particulate respirator. Please note: UCMC provides the following respirators: 3M 1870 (one-size), 3M 1860 (small), PAPR

No Artificial Nails (including overlays, gels)

APPLICATION FOR ELECTIVE ROTATION AT UCMC

Please type or print all information

**Application and all supporting documentation are to be submitted to UCMC
at least 30 days in advance of rotation Start Date**

Name: _____ Social Security #: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Current Position: _____

Email address: _____ NPI Number: _____

EDUCATION:

School	City, State	Degree	Grad Date (MM/DD/YY)
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Undergraduate: _____

Medical: _____

POSTGRADUATE TRAINING:

Institution	City, State	Program	Dates (MM/YY – MM/YY)
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Internship: _____

Residency: _____

Fellowship: _____

LICENSURE:

License Number	State	Expiration Date
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ELECTIVE INFORMATION:

Elective Requested: _____

Preferred Dates for Elective Rotation (MM/DD/YYYY – MM/DD/YYYY):

1) _____ 2) _____

3) _____ 4) _____

Description of Elective Requested: _____

By signing this form below, I acknowledge that no health insurance or other benefits coverage will be extended to me by UCMC during the elective rotation. I also agree to abide by the by-laws and Rules and Regulations of the Medical Staff Organization and other UCMC policies.

Applicant Signature

Date

Approved by:

Applicant's Program Director

Date

UCMC Supervising Faculty Member

Date

UCMC Program Director

Date

Graduate Medical Education

Date

NOTE TO PROGRAM COORDINATOR:

DO NOT SEND THIS FORM WITH THE APPLICATION TO APPLICANT. Retain this Form Until the Elective has been Completed . (See Instructions below)



VERIFICATION OF COMPLETION OF ELECTIVE ROTATION AT UCMC

This is to verify

Dr: _____ S S#: _____

Completed an elective _____
(Name of Elective)

From: _____ To: _____
(MM/DD/YY) (MM/DD/YY)

UCMC Program Director (Signature)

Date

Please FAX the completed form to Margie Saucedo in Finance at 2-4162.