

A clear passport size photograph signed on the back. If not accompanying this application will be required at time of arrival to VUMC.

APPLICATION FOR TEMPORARY ROTATION AS A
RESIDENT / CLINICAL FELLOW
AT
Vanderbilt University Medical Center

I hereby apply to the Vanderbilt University Medical Center for residency/clinical fellow training rotation in the:

Department / Division of _____

Preferred Effective Dates of Rotation: FROM _____ TO _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____ SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

EDUCATIONAL BACKGROUND: (Graduates of Foreign Medical Schools must provide a valid ECFMG certificate.)

MEDICAL SCHOOL (Include Dates): _____

ACADEMIC HONORS (College and Medical School): _____

PROFESSIONAL EXPERIENCE:

Residency (Include Hospital and Location, Specialty and Dates):

CURRENT: _____

PREVIOUS: _____

LICENSURE:

Are you currently licensed to practice medicine? _____ If so, please indicate:

STATE: _____ LICENSE NUMBER: _____

MALPRACTICE INSURANCE:

Have you had any cancellations, non-renewals or limits placed on your malpractice coverage?

____ NO ____ YES (If yes, please attach summary of details.)

Have you been party to any malpractice liability claims, suits and/or settlements?

____ NO ____ YES (If yes, please attach summary of details.)

Current malpractice coverage? _____ Yes _____ No

Carrier: _____ Coverage Limits: _____
(Minimum of \$1 million / \$3 million)

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation?

____ No ____ Yes (If yes, please attach a summary of details.)

HEALTH INSURANCE COVERAGE: Provided by _____ Plan/Policy No. _____

REFERENCES: This application should be accompanied by a reference letter from the applicant's Program Director or Clinical Chief verifying that the applicant is in good standing with his/her current training program. Additionally, this letter should state that the Home Institution will continue to provide liability and health insurance as well as stipend while on rotation at VUMC.

(OVER)

To be signed by Applicant:

By accepting this temporary assignment to the House Staff at Vanderbilt University Medical Center, I agree to abide by the rules and regulations of the Hospital and Service to which I am assigned. I understand that Vanderbilt will not provide a stipend, professional liability or health insurance.

Signature of applicant: _____ Date: _____

Assignment as a affiliated resident / clinical fellow is made by the Hospital on the recommendation of the Chief of Service and is for the term stated only.

To be signed by Home Institution Program Director:

I approve the application of _____, who is currently enrolled as a _____ year
(Applicant signature)
resident / clinical fellow in an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (A.O.A.) accredited residency program _____ at, _____
(Specialty) (Name of Sponsoring Home Institution)
to rotate at VUMC. The Home Institution will continue to provide the stipend, professional liability and health insurance.

Signature of Home Institution Program Director: _____ Date: _____

Program Director Name Printed: _____

Program Director's Phone Number: () _____ - _____

To be signed by Vanderbilt University Medical Center Program Director:

I approve the above temporary assignment to _____ clinical service at Vanderbilt University Medical Center for the dates specified.

Signature of Vanderbilt Program Director: _____ Date: _____

To be signed by Associate Dean, Graduate Medical Education, Vanderbilt University School of Medicine and Medical Center:

Approval given.

Associate Dean, Director of GME VUMC: _____ Date: _____

“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race, sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs or employment. Inquiries or complaints should be directed to the Opportunity Development Officer, Baker Building, Box 1809 Station B, Nashville, TN 37235. Telephone (615) 322-4705 (V/TDD); fax (615) 421-6871.”