



**EMORY**  
UNIVERSITY  
SCHOOL OF  
MEDICINE

## Graduate Medical Education

### Application for Elective Rotations

**Please submit 90 days in advance for processing**

#### APPLICATION CHECKLIST:

Once your rotation request is approved, you will be required to send the following information to the Emory Program Coordinator for which you are applying.

- \_\_\_\_\_ Georgia Training Permit - Complete Georgia training permit application.  
(Contact Emory Program Coordinator to obtain permit application)
- \_\_\_\_\_ Letter of good standing from current Program Director
- \_\_\_\_\_ CV
- \_\_\_\_\_ Valid ECFMG Certificate (if applicant is an international graduate)
- \_\_\_\_\_ Immunization Record (must include updated PPD and flu shot documentation)
- \_\_\_\_\_ Certificate of Insurance
- \_\_\_\_\_ BLS/ACLS Certification
- \_\_\_\_\_ **For Grady Rotations:** Program Letter of Agreement and completion of Grady Visiting Resident Packet required  
(Contact Program Coordinator to obtain packet)
- \_\_\_\_\_ **For VA Rotations:** VA Packet (Contact Emory Program Coordinator to obtain packet)

#### TO EMORY PROGRAM COORDINATOR:

If the applicant has been accepted to do an elective rotation, please send all above documentation along with this application to the GME Office **90 DAYS** prior to the date the applicant begins his/her rotation.

#### The GME Office responsibilities:

- Review/Process documentation
- Issue "Without Compensation" Contract
- Create data record in New Innovations
- Set Up Sponsored Account/ Request Emory Badge
- Request Grady Access - **Grady Requires 30 notice for access – Contact – ebaker@gmh.edu**
- Submit completed packets to the VA

#### The Program Coordinator responsibilities:

- Email completed application and documentation to GME Office
- Assist applicant with obtaining Georgia permit and express mail resident's permit application/check to GCMB
- Return signed contract to GME Office
- Direct applicant to appropriate card office
  - o Emory Card Office – B-Jones Building – Room 101 – 404-727-0224
  - o Grady GME Manager's Office – Main Hospital Administration, 1<sup>st</sup> Floor, Room B107 – 404-290-8252
- To request access for EeMR/Powerchart – Contact access coordinator within department
- Schedule CPOE training - [eamrprovidertraining@emoryhealthcare.org](mailto:eamrprovidertraining@emoryhealthcare.org)
- Arrange parking (GME does not pay for parking)
- Return performance evaluations to applicant's training institution

#### **For EUSM Graduate Medical Education Office Use Only**

[ ] Check if Program Letter of Agreement and/or Master Agreement is associated with rotation.



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**Please submit 90 days in advance for processing**

Rotation Department: \_\_\_\_\_

Requested Dates of Rotation: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME: \_\_\_\_\_  
PRINT (LAST) (FIRST) (MIDDLE)

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

EMAIL ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PGY LEVEL: \_\_\_\_\_  
at start of rotation

**EDUCATIONAL BACKGROUND:**

\*MEDICAL SCHOOL: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

\*(Graduates of Foreign Medical Schools must provide a valid ECFMG certificate)

**CURRENT RESIDENCY PROGRAM INFORMATION**

Institution: \_\_\_\_\_

Training Program: \_\_\_\_\_

**NPI NUMBER:** \_\_\_\_\_

**MALPRACTICE INSURANCE: (Emory requires applicants to provide malpractice insurance)**

Current malpractice coverage? \_\_\_ Yes \_\_\_ No

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

**TO BE SIGNED BY APPLICANT:**

By applying for this temporary rotation to the House Staff at Emory University School of Medicine, I agree to abide by the rules and regulations of the hospital and service to which I am assigned. I understand that Emory will not provide a stipend, benefits, and professional liability insurance.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE SIGNED BY HOME INSTITUTION PROGRAM DIRECTOR:**

I approve the application of \_\_\_\_\_, who is currently enrolled as a PGY \_\_\_\_\_ resident/fellow in an Accreditation Council for Graduate Medical Education (ACGME) program, \_\_\_\_\_ (specialty) at \_\_\_\_\_ (Name of Sponsoring Home Institution) to rotate at Emory University School of Medicine. The Home Institution will continue to provide the stipend, benefits, and professional liability insurance.

Signature of Home Institution Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Name (Print): \_\_\_\_\_

**EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL:**

I approve the above temporary rotation at \_\_\_\_\_ (EHC, Grady, etc.) for the dates specified. I confirm that this elective rotation will not dilute the educational experience of Emory residents.

**SIGNED BY EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM DIRECTOR:**

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNED BY EMORY UNIVERSITY SCHOOL OF MEDICINE CORE PROGRAM:**

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_