



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
- _____ Curriculum Vitae (CV)
- _____ Valid ECFMG Certificate (Only if applicant is an international graduate)
- _____ Immunization Record (Must include updated PPD and flu shot documentation)
- _____ Certificate of Insurance
- _____ BLS/ACLS Certification
- _____ Program Letter of Agreement (Not rotating at Grady__ Contact Emory Program Coordinator to obtain PLA)
- _____ **For Grady Rotations:** Program Letter of Agreement and completion of Grady Visiting Resident Packet required
(Contact Emory 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 60 days notice for access – Contact – etbaker@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, 1st Floor, Room B107 – 404-290-8252
- To request access for EeMR/Powerchart – Contact access coordinator within department
- Schedule CPOE training - 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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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: _____