



Graduate Medical Education

Elective Rotations Application

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

Instructions:

TO APPLICANT:

Please send your application to the Emory University ACGME Training Program **90 DAYS** prior to the requested start date of elective rotation.

Instructions:

TO EMORY PROGRAM COORDINATOR:

If the applicant has been accepted to do an elective rotation within your program, please send the Application/Authorization Form and Program Letter of Agreement (PLA) to the GME Office **90 DAYS** prior to the date the applicant begins his/her rotation. **Note: The application will NOT be accepted/processed without a reviewed and signed PLA.**

RESPONSIBILITY:

The GME Office responsibilities:

- Review/Process documentation
- Issue “Without Compensation” Contract
- Create data record in New Innovations
- Set Up Sponsored Account/ Request Emory Badge

Requesting Grady Access – **Grady Requires 30 days’ notice for access:** Contact – gme@gmh.edu

- Notify VA with completed packet through checklist
- Notify EDH – **Requires 30 days’ notice for access.**
- Notify ESJH and AMBH (CHOA) – **Requires 14 days notice for access**

The Program Coordinator responsibilities:

- **Email completed Authorization Form and Program Letter of Agreement (PLA) to GME Office **90 DAYS** prior to rotation start date.**
- Assist applicant with obtaining Georgia permit. (*Direct applicant to the [GCMB website](#).)*)
- Direct applicant to appropriate card office
 - Emory Card Office – B-Jones Building – Room 101 – 404-727-0224
 - Grady GME Manager’s Office – Main Hospital Administration, 1st Floor, Room B107 –
 - 404-290-8252
- Request access for EPIC – Contact access coordinator within department
- Schedule CPOE training - emrprovidertraining@emoryhealthcare.org
- Arrange parking (**GME does not pay for parking**)
- Return performance evaluations to applicant’s training institution.



HOME INSTITUTION:

Home Institution: _____

Full Legal Name:(L) _____ (F) _____ (M) _____ (MD/DO) _____

PGY Level: _____ **NPI#** _____ **DOB:** _____ **Email:** _____

Requested Emory Training Program: _____

Requested Dates of Rotation: FROM _____ TO _____

Have you rotated at Emory in the past? (Y/N) _____ Dates of last rotation (N/A) _____

Maiden/Previous Name for last rotation (N/A) _____ Emory ID Card# (N/A) _____

Home Program Coordinator: _____ Email: _____

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: _____

TO BE SIGNED BY HOME INSTITUTION PROGRAM DIRECTOR:

I approve the application of _____ (*visiting resident*), who is currently enrolled as a PGY _____ resident/fellow in the Accreditation Council for Graduate Medical Education (ACGME) accredited 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:

| Institution/Training Site | Location Code | Institution/Training Site | Location Code |
|---------------------------------|---------------|--------------------------------------|---------------|
| Emory Hospital | EUH | Emory Orthopedic and Spine Hospital | EOSH |
| Emory Hospital Midtown | EUHM | The Emory Clinic | TEC |
| Emory St. Joseph's Hospital | ESJH | VA Medical Center | VAMC |
| Emory Johns Creek | EJC | Grady Hospital | Grady |
| Emory Decatur Hospital | EDH | AMBH – <i>formally</i> CHOA-Egleston | AMBH |
| Emory Musculoskeletal Institute | EMI | CHOA-Scottish Rite | CHOA |

EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL:

I approve the elective rotation request for _____ (*visiting resident*) to participate in the above temporary rotation at _____ (*Location Code*) for the dates specified, through the _____ program at Emory University School of Medicine.

[] I confirm that the location listed above is an official participating site for the Emory training program.

[] 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: _____

Program Director Name (Print): _____

SIGNED BY EMORY UNIVERSITY SCHOOL OF MEDICINE CORE PROGRAM:

Program Director: _____ Date: _____

Program Director Name (Print): _____

Emory University Program Coordinator:

Name: _____ Email: _____ Phone: _____

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Confirm: Program Letter of Agreement and/or Master Agreement associated with rotation accompanies this authorization form.