



**VISITING RESIDENT/FELLOW ROTATION
from outside institutions
APPLICATION FORM**

APPLICANT INFORMATION	Have you rotated at Rush before? Y N
Dr. _____	Date: ____/____/____
E-mail _____@_____ . _____	Phone # (____) _____ - _____
Home Institution: _____	Birthdate ____/____/19____
PGY Level Resident Yr ____ Fellow Yr ____	Program: _____
Program Director: _____	
Residency Coordinator: _____	Phone: (____) _____ - _____
Social Security # ____ - ____ - ____	ECFMG # (if applicable) ____ - ____ - ____
Medical School _____	Location _____
Medical School Degree: MD DO MBBS _____	Grad Date MM/DD/YY ____/____/____
Illinois License # ____ - _____	Expiration Date: ____/____/0__ will apply ____
RUSH Department _____	Section/Service _____
Requested Rotation Dates:	Start: ____/____/0__ End: ____/____/0__
Attachments (mandatory): * = <i>not</i> required if from John H. Stroger Jr. Hospital of Cook County _____ copy of Illinois medical license (Contact GME for application 312-942-5495 if needed) _____ copy of current CV (include your current residency/fellowship information) _____ letter of permission from your Home Institution/Program Director * _____ copy/verification of your malpractice coverage from home institution _____ copy of valid ECFMG certificate (if applicable) _____ proof of your completion of a HIPAA program at home institution _____ copy of your immunization records or health clearance form from <i>your</i> Employee Health Office Please bring your program's rotation evaluation form with you to give to your RUSH preceptor.	

RUSH Departmental Use only	Assigned Rotation _____
_____	_____ / ____ / 0__
(Program Contact)	(Program Director/Coordinator Approval) (Date)

RUSH Internal Use only		
_____ GME approval	Date ____/____/0__	Notified ____/____/0__
_____ CACTUS entry	Date ____/____/0__	Phys ID # _____
_____ MedHub entry	Date ____/____/0__	

A copy of this completed form serves as permission for a RUSH ID badge to be issued by Human Resources for the time period indicated above and to the Rush parking garage for student rates.

Return application and attachments after departmental approval to:
Stephanie Smith, GME, RUSH UNIVERSITY MEDICAL CENTER
 600 S. Paulina, Suite 527, Chicago, IL 60612-3844 (312) 942-5495 (fax 942-5727) 9/07