



**VISITING RESIDENT ROTATION
OUTSIDE INSTITUTIONS
2019-2020 APPLICATION FORM**

APPLICANT INFORMATION

Have you rotated at Rush before? Yes No

Dr. _____,
(Last Name) (First Name)

Date: ____/____/____

E-mail _____ Phone # (____) ____ - ____

DOB: ____/____/____

Home Institution: _____ Program: _____
(Name of Home Institution, City & State)

PGY Level: Resident Yr ____ Fellow Yr ____ NPI Number: _____ SSN#: ____ - ____ - ____

Program Director: _____ ECFMG # (if applicable) ____ - ____ - ____

Residency Coordinator: _____ Email: _____ Phone: (____) ____ - ____

Medical School: _____ Location: _____
(City, State & Country)

Medical School Degree: MD DO MBBS Grad Date MM/DD/YY ____/____/____

Illinois License #: ____ - ____ Expiration Date: ____/____/____ will apply ____

RUSH Department _____ **Section/Service** _____

Requested Rotation Dates: **Start:** ____/____/____ **End:** ____/____/____

Section 1. Attachments (mandatory): * = **not** required if from John H Stroger or **active** Affiliation Agreement with Rush

____ copy of Illinois medical **license** (Contact GME for application 312-942-7772 if needed)

____ copy of current **CV** or previous ERAS application

____ copy of valid **ECFMG certificate** (if applicable)

____ proof of your completion of a **HIPAA** program at home institution

* ____ **letter of permission** from your Home Institution/Program Director

* ____ copy/verification of your **malpractice coverage** certificate from Home Institution

Your institution must provide a certificate of malpractice insurance guaranteeing you have a minimum of \$1,000,000 per occurrence and a \$3,000,000 annual aggregate of insurance.

Section 2. Attachments sent by RUSH GME (mandatory)

* ____ **Program Letter of Agreement** or a current Affiliation Agreement between the two Hospitals

____ Signed **Privilege Matrix** as agreed to by Home Institution/Program Director and Rush Site Director

Section 3. Immunization Requirements (mandatory– Unless already submitted immunizations within 12 months)

____ Copy of **immunizations** from your home institution (Review RUSH Employee Health policy)

RUSH Internal Use only

Epic Training ____/____/____

____ **Medhub Profile**

____ **ID Badge**

____ **Account Request**

____ **Physician ID #**

Return application and attachments after departmental approval to:
Jose E. Perez, GME Business Admin, RUSH UNIVERSITY MEDICAL CENTER
600 S. Paulina, 403 Armour Academic Center Chicago, IL 60612 (312) 942-7772

Jose_E_Perez@rush.edu



Excellence is just the beginning.