

VISITING ROTATION APPLICATION FORM – GME TRAINEES

Form Completion - Sponsor and Visitor complete and sign. Sponsor submits completed application, Visitor's photo and CV to GME OFFICE, ATTN: Linda White at least 60 days prior to rotation start.
GMEO obtains Associate Dean's signature.

Full Name of Visitor	
Visitor's Home Program/Institution	
Home Program Coordinator & Contact Information	
Visitor's Email address/Cell Phone Number	/
SSN / DOB	/
ROTATION DATES AT UVA	
NPI Number	
Medical License Number	
DEA Number	

ROTATION EDUCATIONAL GOALS & OBJECTIVES

- 1.
- 2.
- 3.

VISITOR'S RESPONSIBILITIES

1. Assurance of the safety, welfare and confidentiality of patients entrusted to my care;
2. Assurance of professionalism and fitness for duty;
3. Adherence to institutional and program policies and procedures.

I understand that failure to complete required documentation will jeopardize my participation in the visiting experience and that a lack of compliance with the rules and policies that govern this experience shall result in termination of the rotation.

Visiting Resident's Signature	
Date	
UVA Program Director's Signature	
Date	
Dr. Susan Kirk Associate Dean for GME	
Date	