

VISITING GME ROTATIONS AT UVA

VISITING TRAINEE NAME: _____

PROGRAM: _____ **DATES OF VISIT:** _____

Trainees currently credentialed to a training program at another institution in the United States may apply for the opportunity to do a visiting rotation at UVA. This rotation requires the initial approval of the UVA Program and subsequently the approval of the GME Office at UVA. Visiting trainees are fully credentialed and appointed to care for patients at UVA and are responsible, while so doing, for all relevant policies and procedures governing these activities. The credentialing process is outlined in GMEC Policy 28. **The time to process a visiting trainee application is between 60 and 90 days.**

Department's Responsibility:

Department & Visitor should complete *Visiting Rotation Application Form*. Scan and email the Application, photo of Visitor and copy of Visitor's CV to Linda White at lkw5p@virginia.edu, **no less than 60 days prior to rotation.**

Additional Items required by GME from the Program/Trainee before clearance for participation in patient care can be granted:

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| | Program completed Letter of Agreement (see template) |
| | Program Director Appointment Letter (addressed to Dr. Tracci) |
| | Trainee must have home institution complete <i>Employee Health Requirement Verification Form</i> . |
| | Trainee must provide documentation of Malpractice Coverage (with coverage limits at or above those required for the Commonwealth of Virginia) and a claims history from their home institution. |
| | Trainee must provide attestation from home institution (HR, GME or Licensing Board) that a Criminal Background check was performed and passed. |
| | If currently using EPIC as their EMR, documentation of EMR training . (EPIC online AND classroom training is still required even if you are using EPIC at your home institution). |
| | Statement of support and good standing from Program Director at trainee's home institution. |
| | Clear photocopy of Visitor's Driver's License OR Passport |

Department must arrange for:

| | |
|--|--|
| | Pager |
| | ID Badge |
| | Submit online access for EPIC/PACS https://www.hsts.virginia.edu/forms and arrange for EMR training with Marie Walker-Kennedy. CBLs need to be assigned and either the full or previous EPIC classroom training must be arranged. These classes are only taught once a week (Monday/Tuesday) so plan ahead to ensure trainee has the access they need. |
| | Parking (close in not available, contact P & T directly at 924-7231) |
| | Arrange for trainee's Orientation to your service (including, scrubs, maps, contact information, goals & objectives, patient safety protocols and supervision guidelines.) |

Visiting Trainee's Responsibility:

OBTAIN A VIRGINIA MEDICAL TRAINING LICENSE:

In-State Trainees: Provide a copy of your current license with application.
Out-Of-State Trainees: Go to the Virginia Board of Medicine: http://www.dhp.virginia.gov/medicine/medicine_forms.htm#Internship

Download and complete the APPLICATION FOR A VIRGINIA INTERNSHIP/RESIDENCY, and FORM B. (Do NOT complete the ONLINE application, as you do not need a permanent license, you only need a training license which costs \$55.)

At least 30 days prior to the rotation start date send completed application, Form B and a check (payable to the Virginia Board of Medicine) via secure mail directly to:

*GME Office ATTN: Linda White, UVAHS, GMEO, 1215 Lee Street – 2461 Barringer Building,
P.O. Box 800136, Charlottesville, VA 22908 (434)243-6297.*

DO NOT MAIL THE APPLICATION DIRECTLY TO THE BOARD.

Applications received less than 30 days prior may jeopardize your clearance to begin work on time.

GME Responsibility:

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| | Assign UVA ID and Outlook ID |
| | Process License forms |
| | Assign Computer Based Learning Modules |
| | Assign A2k3 and SMS Number |
| | Request CSEC appointment |
| | Employee Health Clearance |
| | HR Clearance |
| | Date Cleared to Work: |

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 Director AND Contact Information | |
| Home Program Coordinator AND Contact Information | |
| Visitor's Email address AND Cell Phone Number | / |
| Visitor's Emergency Contact AND Cell Phone Number | / |
| SSN / DOB | / |
| ROTATION DATES AT UVA | |
| NPI Number | |
| Medical License Number | |
| DEA Number | |

ROTATION EDUCATIONAL GOALS & OBJECTIVES

| | |
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| 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.

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

Employee Health Requirement VERIFICATION for non UVA Trainees:

- Trainees credentialed to provide patient care at UVA
- Trainees observing patient care for more than 10 days

The following GME trainee has requested privileges for a visiting or observational rotation at the UVA Medical Center. The following information must be completed by the Employee Health Department at the trainee's home institution and approved by Employee Health at UVA before the trainee can begin their rotation experience.

Name of Trainee: _____

Home Institution: _____

UVA Program: _____

| | |
|----------|--|
| YES / NO | This employee's TB screening (PPD/Q-Gold/CSR/TB risk assessment) has been completed and is valid through: _____ (date) |
| YES / NO | This employee has completed two MMR vaccines or has serological evidence of protection. |
| YES / NO | This employee's TDAP or TD is valid through: _____ (date) |
| YES / NO | This employee has completed the Varicella vaccine or has reported a history of having the disease or has a positive titer on file. |
| YES / NO | This employee has completed the Hepatitis B series or has a signed declination on file. |
| YES / NO | This employee has a positive Hepatitis B antibody, or, if negative, has a negative Hepatitis B antigen on file. |
| YES / NO | This employee successfully completed and passed a six panel drug screen which is on file at _____ (Clinic Name) |
| YES / NO | This employee has been fitted with the following respiratory mask _____ (model/number) and their OSHA medical screening questionnaire is valid through: _____ (date) |
| YES / NO | If trainee is rotating during a period of active influenza, what was their last date of vaccination: _____ (date) **In the event of an outbreak of any vaccine preventable disease, Hospital epidemiology will determine restrictions to be placed on individuals that lack evidence of immunity.** |

I certify that the above information is accurate:

(Employee Health representative signature)

(Date)

(Printed name)

(Title)

(Phone)

**WHEN COMPLETE, PLEASE FAX OR EMAIL THIS FORM TO:
LINDA WHITE, CREDENTIALING COORDINATOR, AT (434) 244-9438 LKW5P@virginia.edu**