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.**

Application Packet Requirements (Department's Responsibility – All documents should be scanned and emailed to GMECREDENTIALING@hscmail.mcc.virginia.edu)

Templates for most required documents can be found on the GME Website – Resources/Forms page

	Department & Visitor should complete *Visiting Rotation Application Form*
	Program Director **Appointment Letter** (addressed to Dr. Tracci, but sent with packet to GME)
	If currently using **EPIC as their EMR, trainee must provide documentation of EMR training**. (EPIC online AND classroom training is still required even if you are using EPIC at your home institution).
	Program completed **Letter of Agreement**
	Trainee must have home institution complete *Employee Health Requirement Verification Form.*
	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.
	Attestation of Criminal Background Form (Visitor Sign and completed) https://med.virginia.edu/gme/wp-content/uploads/sites/255/2019/01/Observers-Attestation-of-Criminal-Background.pdf
	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 http://jm.acs.virginia.edu/commserv/paging/userpaging.html
	ID Badge https://www.healthsystem.virginia.edu/technology/departments/clinical-engineering/id-badge-services
	EPIC TRAINING – GME will submit online access for EPIC/PACS. DEPARTMENT must arrange for EMR training with Marie Walker-Kennedy. These classes are only taught once a week (Monday/Tuesday) so plan ahead to ensure trainee has the access they need. She will assign the required CBLs in Net Learning.
	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.)

> *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: Credentialing Coordinator, UVAHS, GMEO, 1240 Lee Street, Suite 2401*
> *P.O. Box 800136, Charlottesville, VA 22908 (434)243-6297.*

GME Responsibility:

	MCC SECURITY
	OUTLOOK ID: UVA ID:
	Create file for Employee Health, upload documents, notify Vickie Garrison to review EH forms
	Process License forms
	Assign Mandatory Compliance CBLs
	Create CACTUS profile SMS NUMBER:
	Put on the CCC list
	Employee Health Clearance
	Request EPIC Access
	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

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	

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:
CREDENTIALING COORDINATOR, AT (434) 244-9438 GMECREDENTIALING@hscmail.mcc.virginia.edu