

VISITING ROTATION APPLICATION FORM – GME TRAINEES

Form Completion – UVA Program Director and Visitor complete and sign. Coordinator must submit completed application 60 days prior to the start of the rotation. The remaining required documents can be received within the 60 day window. Please email all materials to GMECREDENTIALING@uvahealth.org.

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	/
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	
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Date	
UVA Program Director's Signature	
Date	
Dr. Monica Lawrence Associate Dean for GME	
Date	

April, 5 2024