



**Beth Israel Deaconess
Medical Center**



A teaching hospital of
Harvard Medical School

GME ROTATOR APPLICATION PACKET

Department Coordinators must submit a complete Rotator Packet in order for GME to begin processing, to include this form and all documents listed on Page 2. Complete packets must be received in GME at least 30 days prior to the scheduled start date. **If the packet is incomplete, start dates will be delayed.**

Rotator's Status: Resident Fellow Intern (circle one) NPI #		
MA Medical License #	Limited or Full (Circle One)	Issue Date:
Expiration Date:		
<u>Rotator Demographic Information</u>		
Last Name:	First Name:	
Email Address:		
SSN:	DOB:	Male or Female (Circle one)
Country of Citizenship:		
Visa Type(if applicable):		
Medical School:		
Graduation Date M/D/YY:		

Rotation Dates at BIDMC Start Date: _____ End Date: _____

Rotation Dates are required

<p>Will Rotator need CCC access for the entire academic year? Yes No (circle one)</p> <p>Please write any additional dates that the rotator will be at BIDMC(i.e. on-call/clinic coverage other coverage) below:</p>	<p>Specify rotation department name @ BIDMC:</p> <p>Additional Info:</p>
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Sponsoring Hospital / Program Information:

Sponsoring or Home Institution:	Yr in Program:
Program Name:	PGY Level:
Sponsor/Home Institution's Start Date:	Expected Graduation Date from Sponsoring/Home institution:
Program Mailing Address:	Program Phone #:
Coordinator Name for Home Program:	Contact's phone # & email address of Coordinator

CORI Check done by Home Institution: YES NO (circle one)

CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED WITH ROTATOR APPLICATION:

Documents must be for the current/scheduled academic year. All attachments must be submitted or start dates will be delayed.

- MA Medical License. For Full MA license, include Federal DEA & Mass Controlled Substance copy)
- CV (must include current home program)
- Malpractice Face Sheet (CRICO)
- Proof of current Occupational Health Clearance (to include current PPD)
(For BMC, BWH, CHB, DFCI and MGH, the front/back of ID with updated clearance sticker is acceptable).
- ECFMG Certificate (foreign graduates only)
- A fully executed Program Letter of Agreement (PLA/Affiliation) must be in place between the Sponsoring Hospital and BIDMC, to include a current **Rotation Schedule**.

BIDMC Coordinator Name: _____

BIDMC Phone Number: _____

Miscellaneous information: _____

The GME Rotator Packet, to include this form & documents above, must be submitted to the BIDMC Graduate Medical Education office 30 days prior to the rotation start date. The GME Fax number is 617-667-2092. We are located on the BIDMC East Campus, Gryzmish Building, Center For Education, Room ES-215.