



**VISITING RESIDENT ROTATION  
from outside institutions  
APPLICATION FORM**

|  |                                      |
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| <b>APPLICANT INFORMATION</b>   | Have you rotated at Rush before? Y N |
| Dr. _____<br>(Last Name) (First Name)  | Date: ____/____/____                 |
| E-mail _____@_____   | Phone # (____)____-____              |
| Home Institution: _____<br>(Name of Home Institution, City & State)                                  | Birth date ____/____/19____          |
| PGY Level Resident Yr ____ Fellow Yr ____ Program: _____   |                                      |
| Program Director: _____  |                                      |
| Residency Coordinator: _____ Phone: (____)____-____  |                                      |
| Social Security # ____-____-____ ECFMG # (if applicable) ____-____-____                              |                                      |
| Medical School _____ Location _____<br>(City, State & Country)                                       |                                      |
| Medical School Degree: MD DO MBBS _____ Grad Date MM/DD/YY ____/____/____                            |                                      |
| Illinois License # ____-____-____ Expiration Date:____/____/____ will apply ____                     |                                      |
| RUSH Department _____ Section/Service _____  |                                      |
| Requested Rotation Dates: Start: ____/____/____ End: ____/____/____                                  |                                      |
| Attachments (mandatory): * = <b>not</b> required if from John H. Stroger Jr. Hospital of Cook County |                                      |
| ____ copy of Illinois medical license (Contact GME for application 312-942-5495 if needed)           |                                      |
| ____ copy of current CV or previous ERAS application   |                                      |
| ____ letter of permission from your Home Institution/Program Director                                |                                      |
| * ____ copy/verification of your malpractice coverage from home institution                          |                                      |

**Your institution must provide a certificate of malpractice insurance guaranteeing you have a minimum of \$1,000,000.00 per occurrence and a \$3,000,000.00 annual aggregate of insurance.**

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| ____ copy of valid ECFMG certificate (if applicable)   |
| ____ proof of your completion of a HIPAA program at home institution                                 |
| ____ copy of your immunization records or health clearance form from your Employee Health Office     |
| <b>Please bring your program's rotation evaluation form with you to give to your RUSH preceptor.</b> |

|                                   |  |                |
|-----------------------------------|--|----------------|
| <b>RUSH Departmental Use only</b> | Assigned Rotation _____                        |                |
| _____                             | _____  | ____/____/____ |
| <b>(Program Contact)</b>          | <b>(Program Director/Coordinator Approval)</b> | <b>(Date)</b>  |

|   |                     |                         |
|---|---------------------|-------------------------|
| <b>RUSH Internal Use only</b>   |                     |                         |
| ____ GME approval   | Date ____/____/____ | Notified ____/____/____ |
| ____ CACTUS entry   | Date ____/____/____ | Phys ID # _____         |
| ____ Med/Hub entry  | Date ____/____/____ |                         |
| <b>A copy of this completed form serves as permission for a RUSH ID badge to be issued by Human Resources for the time period indicated above and to the Rush parking garage for student rates.</b> |                     |                         |

**Return application and attachments after departmental approval to:  
Stephanie Smith, M.Ed GME, RUSH UNIVERSITY MEDICAL CENTER  
600 S. Paulina, Suite 527, Chicago, IL 60612-3844 (312) 942-2729 (fax 942-5727)**

\*\* All documentation MUST be received 3 weeks PRIOR to START DATE if Illinois licensed. If out of state, visitor MUST have all paper work 3 MONTHS prior to start date, to obtain Illinois license.