

**APPLICATION FOR TEMPORARY ROTATION AS A
RESIDENT / CLINICAL FELLOW AT THE UNIVERSITY OF TENNESSEE**

I hereby apply to the University of Tennessee for residency/clinical fellow training rotation in the Department / Division of:

Preferred Effective Dates of Rotation: FROM _____
TO _____

NAME:

(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

EDUCATIONAL BACKGROUND:

(Graduates of Foreign Medical Schools must provide a valid ECFMG certificate.)

MEDICAL SCHOOL (Include Dates):

ACADEMIC HONORS (College and Medical School):

PROFESSIONAL EXPERIENCE:

Residency (Include Hospital and Location, Specialty and Dates):

CURRENT:

PREVIOUS:

LICENSURE:

Are you currently licensed to practice medicine? _____

If so, please indicate: STATE: _____

LICENSE NUMBER: _____

MALPRACTICE INSURANCE:

Have you had any cancellations, non-renewals or limits placed on your malpractice coverage?

____ NO ____ YES (If yes, please attach summary of details.)

Have you been party to any malpractice liability claims, suits and/or settlements?

____ NO ____ YES (If yes, please attach summary of details.)

Current malpractice coverage? _____ Yes _____ No

Carrier: _____

Coverage Limits: _____

(Minimum of \$1 million / \$3 million)

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation?

____ No ____ Yes (If yes, please attach a summary of details.)

HEALTH INSURANCE COVERAGE Provided by: _____

Plan/Policy No.: _____

- **REFERENCES:** This application should be accompanied by a reference letter from the applicant's Program Director or Clinical Chief verifying that the applicant is in good standing with his/her current training program. Additionally, this letter should state that the Sponsoring Home Institution will continue to provide liability and health insurance as well as stipend while on rotation at UT.

To be signed by Applicant:

By accepting this temporary assignment to the Housestaff at the University of Tennessee, I agree to abide by the rules and regulations of the Hospital and Service to which I am assigned. I understand that the University of Tennessee will not provide a stipend, professional liability or health insurance.

Signature of applicant: _____

Date: _____

Assignment as an affiliated resident / clinical fellow is made by the Hospital on the recommendation of the Chief of Service and is for the term stated only.

To be completed and signed by Sponsoring Home Institution Program Director:

I approve the application of _____, who is currently enrolled as a _____ year resident / clinical fellow in an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (A.O.A.) accredited residency program (Specialty) _____

at (Name of Sponsoring Home Institution) _____, to rotate at UT. The Sponsoring Home Institution will continue to provide the stipend, professional liability and health insurance.

Signature of Home Institution Program Director:

_____ Date: _____

Program Director Name Printed: _____

Program Director's Phone Number: () _____ - _____

I approve the above temporary assignment to _____ clinical service at the University of Tennessee for the dates specified.

Signature of UT Program Director: _____ Date: _____

To be signed by Assistant Dean/DIO, GME, University of Tennessee:

Approval given.

Assistant Dean/DIO, GME: _____ Date: _____

"In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, the University of Tennessee does not discriminate on the basis of race, sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University administered programs or employment. Complaints should be directed to the Office of Equity and Diversity; 920 Madison Ave., Suite 420; Memphis, TN 38163; (901) 448-2112, TDD (901) 448-7382.

Sponsoring Institution: University of Tennessee College of Medicine

Eff. 7/1/05