

**Application for Temporary Rotation as a Visiting Resident/Fellow at the  
University of Tennessee Medical Center and the  
Graduate School of Medicine, Knoxville, TN**

I am applying to the UT Graduate School of Medicine for a residency/clinical fellow training rotation in

Residency/Fellowship Program \_\_\_\_\_

Name of Rotation \_\_\_\_\_

Start Date of Rotation \_\_\_\_\_

End Date of Rotation \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Last 4 SSN \_\_\_\_\_ DOB \_\_\_\_\_ NPI Number \_\_\_\_\_

Medical/Dental School \_\_\_\_\_

Degree Received \_\_\_ MD \_\_\_ DO \_\_\_ DMD \_\_\_ DDS \_\_\_\_\_ Other (list degree)

Current Residency/Fellowship Program \_\_\_\_\_ PGY \_\_\_\_\_

Current Residency/Fellowship Program Location \_\_\_\_\_

Are you currently training as a resident/fellow in Tennessee? \_\_\_ Yes \_\_\_ No

If not training in TN, you will have to pay for a TN licensure exemption, charge of \$10 M.D., or \$50 D.O.  
OMFS & Dentistry do not require a licensure exemption.

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Medical Liability Insurance Carrier \_\_\_\_\_

Limits of coverage in \$ Min \_\_\_\_\_ Total \_\_\_\_\_ (minimum \$1 million/3 million)

Coverage extends to an out-of-state elective? \_\_\_ Yes \_\_\_ No \_\_\_ TN Applicant

Have you had any cancellations, non-renewals or limits placed on your liability coverage?  
\_\_\_ Yes \_\_\_ No

Have you been party to any liability claims, suits, or settlements? \_\_\_ Yes \_\_\_ No

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Health Insurance Coverage Provider \_\_\_\_\_

Insurance coverage extends to an out-of-state elective (specifically TN)?

\_\_\_ Yes \_\_\_ No \_\_\_ TN Applicant

**Applicant**

By accepting this temporary assignment to the Housestaff at the University of Tennessee Medical Center and the Graduate School of Medicine, I agree to abide by the rules and regulations of the medical center and the GSM. I understand that UTGSM will not provide me with a stipend and benefits, professional liability or health insurance coverage during this elective.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Applicant’s Program Director**

This resident/fellow is in good standing in our program and has not been subject to disciplinary action. Our institution will provide the stipend and benefits for this resident during the elective and I have ensured that the resident has the requisite insurance (health, disability, and medical liability) coverage in place for this away rotation.

Printed Name of PD \_\_\_\_\_

Signature of PD \_\_\_\_\_

Date \_\_\_\_\_

PD Phone \_\_\_\_\_ PD Email \_\_\_\_\_

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**UTGSM Program Director**

I have reviewed this application and approve this resident for an elective in our program. I have discussed this elective with the applicant and if warranted, with the applicant’s program director.

Printed Name of PD \_\_\_\_\_

Signature of PD \_\_\_\_\_

Date \_\_\_\_\_

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**UTGSM DIO**

Signature of DIO \_\_\_\_\_

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.

Approved by GMDEC 6/9/2016