VISITING RESIDENTS

Only residents/fellows (herein “resident”) in accredited programs from other institutions may complete a temporary clinical rotation at The University of Tennessee Medical Center and Graduate School of Medicine (UTGSM) at Knoxville according to the following procedures.

1) At least eight weeks prior to the beginning of the proposed rotation, the visiting resident will submit the following documentation to the Office of Graduate Medical and Dental Education.

- Completed Application for Temporary Rotation as a Resident/Clinical Fellow at the University of Tennessee, that is signed by both the program director that is sending the resident and the program director of the UTGSM program that is offering the rotation.

- The completed application will attest that the institution that is sending the resident is paying for the visiting resident’s salary and benefits, and that insurance coverage is in place for the health, medical liability, and disability income protection of the visiting resident during this rotation.

- Proof of TB screening within the past year. A listing of current immunizations is encouraged.

- If the applicant does not have either a current Tennessee Medical License or a Tennessee Medical Licensure Exemption, as required by the Tennessee State Board of Medical Examiners, then the visiting resident must request a medical licensure exemption through the GMDE Office. The expense for the exemption will be charged to the resident.

2) Upon receipt of the completed Application and required documents, the DIO will review the application and notify the applicant and UT program director of approval, provided the submitted documentation meets the requirements stipulated.

3) Following the approval of the request, the GMDE Office will provide the visiting resident with free parking, an ID badge, an email account, and a pager for the duration of the approved rotation. The GSM ID badge must be obtained prior to the start and surrendered at the end of the rotation along with the pager. If night or weekend call is required, the visiting resident will have access to the on-site sleeping quarters. Housing, meals, and other expenses will be the responsibility of the visiting resident.

4) At the end of the rotation, the program director or designee should complete a performance evaluation of the visiting resident; and the visiting resident should complete an evaluation of the educational experience.

Effective July 2005
Revision July 2014
Revision June 2016
Application for Temporary Rotation as a Resident/Fellow at the
University of Tennessee Medical Center and the
Graduate School of Medicine, Knoxville TN

I am applying for a residency/clinical fellow training rotation in the residency or fellowship program of:

________________________________________________________________________

Name of rotation ____________________________________________________________

Date elective begins __________________
Date elective ends __________________

Last Name_______________________ First ________________________ _ Middle ____________

Present Address _____________________________________ City _____________ State _______

Phone Number ___________________ Email _____________________________

Graduate of Medical/Dental School ____________________________________________

Degree received □ MD □ DO □ DMD □ DDS □ Other __________________________

Current Training Program Name ____________________________________________ PGY ______

Current Training Program Location ____________________________________________

Currently training as a resident/fellow in Tennessee □ Yes □ No*

*If not training in TN, you will be issued at your expense a TN licensure exemption, charge $10 M.D., $50 D.O., OMFS and Dentistry do not require a licensure exemption.

Medical Liability Insurance Carrier __________________________________________

Limits of coverage in $ Minimum ________ 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

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 _____________________

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 __________________________________

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 __________________

DIO at UTMC/GSM ______________________________

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