

**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 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 _____

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.

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

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 _____

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