



Robert Wood Johnson
Medical School

Graduate Medical Education

**TEMPORARY ROTATION AT RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL FOR
RESIDENTS AND CLINICAL FELLOWS FROM
EXTERNAL GME PROGRAMS**

I _____ would like to apply for a temporary rotation at
(print full name and degree)

Rutgers Robert Wood Johnson Medical School in the Department/Division of _____.

I will start my rotation on _____ and ending on _____

Present address is: _____
(Street, city, state, zip code)

Home Phone # _____ Cell Phone # _____

Email address: _____ DOB: _____

CURRENT PROFESSIONAL EXPERIENCE:

Currently I am enrolled in an ACGME or A.O.A. approved GME program at:

(Name of Hospital and location)

Name of Program: _____

Current PGY Level: _____ Current PGY Start date: _____ Current PGY end date: _____

NPI #: _____ Are you fit tested for N95 Respirator? _____

Citizenship: _____ Current Visa Status: _____

If you hold a VISA, please attach a copy of our VISA to this application.

EDUCATION:

Medical School attended: _____

Degree obtained: _____ Graduation date: _____

Are you ECFMG certified? _____

If yes, please attach a copy of a valid ECGMG certificate to this application.

Internship Program: _____ Start/End date (mm/dd/yyyy): _____

Hospital name and location: _____

Residency Program: _____ Start/End date (mm/dd/yyyy): _____

Hospital name and location: _____

Fellowship Program: _____ Start/ End date (mm/dd/yyyy): _____

Hospital name and location: _____

LICENSURE:

Do you have a NJ permit to practice Medicine? ____ If yes, please attach copy of your permit

Do you have a NJ license to practice Medicine? ____ If yes, please attach copy of medical license

If you hold a license from a different state other than NJ, please attach a copy to this application

MALPRACTICE INSURANCE:

Do you have a valid malpractice coverage that will cover you while rotating at Rutgers Robert Wood Johnson Medical School: _____

Carrier: _____

Coverage Limits: _____ (Minimum of \$1 million / \$3 million)

All the information provided above is true to the best of my knowledge. By signing below I accept the temporary assignment to the visiting housestaff at Rutgers Robert Wood Johnson Medical School, I agree to abide by the rules and regulations of the Hospital and Service to which I am assigned. I understand that Rutgers Robert Wood Johnson Medical School will not provide a stipend, professional liability or health insurance unless stated otherwise in the affiliation agreement.

Signature of applicant: _____ Date: _____

TO BE SIGNED BY HOME INSTITUTION PROGRAM DIRECTOR:

I approve the application of _____, who is currently enrolled
(First name, Last name and Degree)

as a _____ year resident/clinical fellow in an ACGME or AOA accredited residency

program, at _____ in _____
(Name of Sponsoring Home Institution) (Specialty)

to rotate at Rutgers Robert Wood Johnson Medical School. The Home Institution will continue to provide the stipend, professional liability and health insurance unless stated otherwise in the affiliation agreement.

The information for the resident mentioned above is accurate. This resident has filed all employment and training requirements identified by our institution:

1. An annual or the initial Health Assessment within the past twelve (12) months certifying fitness for duty for the rotator's work function in a health care facility.
2. Record of immunity by laboratory to rubella, rubeola, mumps and varicella. If laboratory titers are non-immune, then record of full vaccination is required (at least 2 MMRs, Varivax series) unless there is a documented medical contraindication to vaccination.
3. Documentation of laboratory testing for Hepatitis B (HB) Surface Antigen, HB Surface Antibody and HB Core Antibody. Evidence of immunity by positive antibody titles to Hepatitis B or documentation that full Hepatitis B vaccination has been received or proof of declination of Hepatitis B vaccine. If Rotator is Hepatitis B Surface Antigen positive, the Rutgers New Jersey Medical School Occupational Preventive Medicine Services (973-972-2900) must be contacted regarding further evaluation prior to rotations at New Brunswick/Piscataway campuses.
4. Record of Tdap in adulthood or record of medical contraindication to Tdap vaccination.
5. Record of seasonal influenza vaccination or documentation of medical contraindication to influenza vaccination.
6. Record of annual TB skin test (or blood assay for TB) if negative. If positive, documentation of negative chest x-ray at initial evaluation and annual symptom survey. If chest x-ray revealed evidence of active TB, documentation of appropriate medical treatment and annual symptom survey.
7. Medical clearance for respirator fit testing for N95 respirator or PAPR if needed.
8. Orientation training including preventing harassment and discrimination, radiation safety, patient safety, infection control/influenza and environment of care.
9. Cleared criminal background check.

Signature of Home Institution Program Director: _____ Date: _____

Program Director Name Printed: _____

Program Director's phone #: _____

TO BE SIGNED BY RUTGERS Robert Wood Johnson Medical School Program Director:

I approve the above temporary assignment to _____ clinical services.
(Name and degree of visiting resident/fellow)

at Rutgers Robert Wood Johnson Medical School for the dates specified.

Signature of Rutgers Program Director: _____ Date: _____

TO BE SIGNED BY ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION AT RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL:

Associate Dean – GME (Signature)

Date

(Print Name)